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# The Journal

## OF THE

# Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XX—No. 7  
WHOLE NUMBER 227

GRAND RAPIDS, MICH., JULY, 1921

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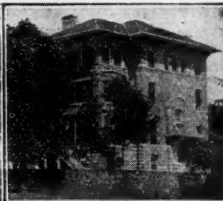
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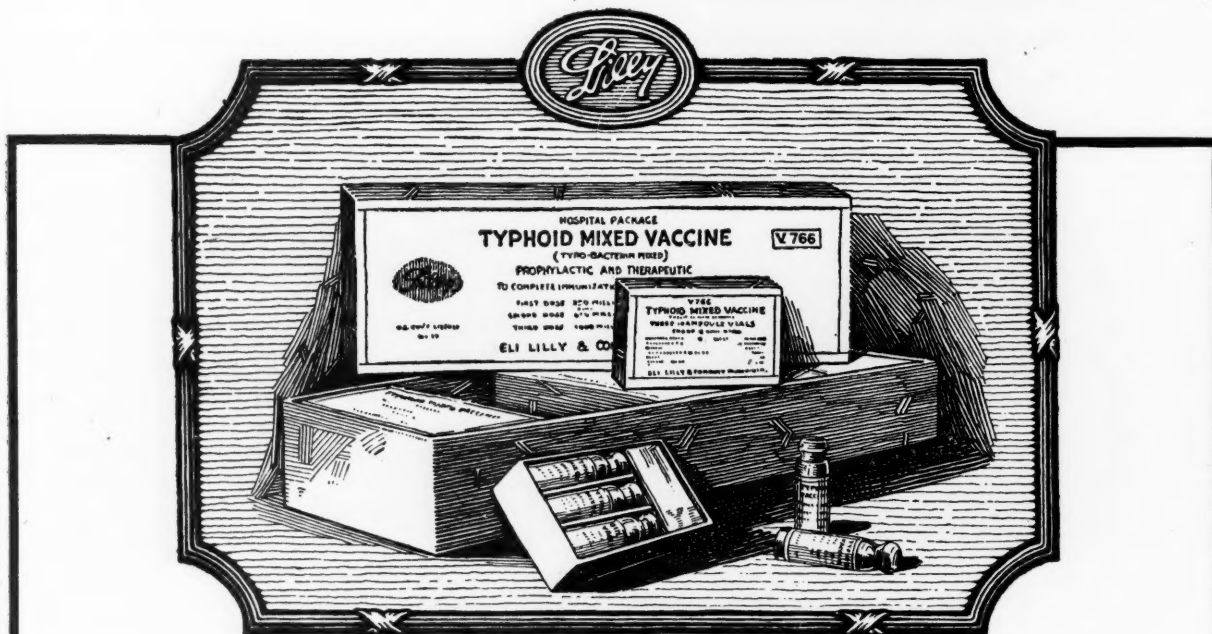
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# The Journal

OF THE

## Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Vol. XX

GRAND RAPIDS, MICHIGAN, JULY, 1921

No. 7

### *Original Articles*

#### THE ATTAINMENT OF CERTAIN IDEALS IN OBSTETRICS.\*

ALEXANDER MACKENZIE CAMPBELL, M.D.,  
F.A.C.S.

GRAND RAPIDS, MICHIGAN.

The writer has been interested in the practice and the progress of obstetrics for a quarter of a century and it seemed to him that a consideration of the consummation of certain ideals in connection with the obstetrical art might be an appropriate theme for this occasion.

It is obvious that at the present time forward looking physicians realize that the medical profession's relation to the public is on the threshold of great changes. The amount of medical knowledge at the present time is so colossal that the general practitioner, realizing his inability to encompass its various parts, is passing from our midst. The division of medicine into various specialities has been a natural evolution and it will probably increase as medical knowledge increases. We, as a profession, are under censorship. The intelligent and penetrating public is becoming better informed on medical questions and it realizes that the profession as a whole has lamentably failed in the diagnosis and treatment and general management of many conditions and diseases which are its function to prevent and remedy. And whether the people are going to decide to legislate us out of business into compulsory health insurance, state medicine, or some other form of servitude remains largely in our own hands, and the very suggestion of such an eventuality should make us, as a profession, analyze ourselves honestly and organize ourselves efficiently with a view of increasing our usefulness and prestige in the community.

The criticism which may be justly made of medicine in general pertains to obstetrics in particular, notwithstanding the fact that from

the first time the first mother gave birth to her first child until the present moment the problems to be met have been practically without variation.

It is a sad commentary that a country that takes its place among the great powers of the world should stand seventeenth in the list of nations that give care and treatment to women in childbirth. Approximately twenty-five thousand women die in childbirth in this country every year and about seventy-five per cent. of such deaths could be prevented by proper treatment. Furthermore this appalling fatality has not been materially reduced during the last quarter of a century and according to present statistics one may judge that 1921 will show an even higher maternal mortality than the above figures. In 1918, four hundred and thirty-eight women sacrificed their lives as the result of childbirth in Michigan alone. In addition to the frightful mortality attending childbirth, both maternal and infant, the morbidity from each produces an inefficiency and an economic loss that is simply incalculable.

The above statements clearly indicate that at the present time the obstetrical art is in a deplorable condition. Are we not justified and in fact obligated as physicians to reach out even feeble hands in an attempt to realize certain ideals which will improve the character of this work? Is it within the bounds of possibility that within the next quarter of a century every expectant mother first will herself be a normal physical risk for childbirth? Second, that she will be under constant prenatal supervision? Third, that during the ordeal of childbirth she will be under the care of an obstetrician who will be sufficiently trained to employ conservative and standard methods of procedure? Fourth, that the puerperium will be carefully guarded by skilled obstetrical nursing, so that it will result in a happy and uneventful convalescence? Fifth, that she can be returned to her family and to society without morbidity of any kind?

The consummation of the above mentioned desiderata is to a great extent the responsibil-

\*Chairman's Address, Section of Gynecology and Obstetrics, Michigan State Medical Society, Bay City, Michigan, May 25, 1921.



ity of the medical profession. Obstetricians who have had long experience and special training are frequently able to conduct their patients according to the ideals mentioned above, but unfortunately the majority of women who have borne children suffer a silent invalidism which destroys the peace and even the integrity of many a household.

In Grand Rapids a prenatal clinic was established in a very modest way in 1915. At first its attendance was limited but this clinic has gradually grown and at the present time is a very active organization. Over one thousand women have had prenatal treatment and instruction since its establishment and about fifty per cent. of the mothers have been confined in local hospitals. We are proud to state that there has not been a single maternal death among the thousand women who have attended the clinic.

The clinic is centrally located and is held once a week. Careful physical examination and careful records are made. Special obstetrical charts are used and pelvimetric, urinary and blood pressure examinations are made. Nutrition is observed, the weight is taken at regular intervals and at the present time a Wassermann examination is made in every case. In other words, the clinic cases are given the same attention as the obstetricians give their own patients in their own offices. Prenatal nurses visit these women at their homes and investigate their social conditions. Arrangements are made for their proper delivery either at home or at the hospital. The clinic attendants encourage all mothers to go to the hospital for confinement and this is especially demanded where pathological conditions are detected.

We are positive that the prenatal instruction as given in Grand Rapids has been of very great value, that it has been a very great educational factor not only to the laity but it has been a stimulant to the general practitioner to give his obstetrical cases more careful prenatal care. It has also blazed the trail for further advances in the care of expectant mothers, such as have been suggested in the recent Federal Maternity Bill. Dr. Louis I. Dublin in his statistics has shown that proper prenatal and maternity care has resulted in the following:

First—in reducing maternal mortality from five to two in one thousand confinements.

Second—in reducing still births from forty to twelve in one thousand births.

Third—in reducing infants' deaths under one month from forty to ten in one thousand births.

Kosmak has well stated that there is no one factor of as great importance to the health and economic status of the country as a mother well

qualified physically to bear and bring up healthy children. The entire fabric of a nation so closely depends upon it that there would seem to be no worthier governmental function than to provide for and supervise it. While it is obvious that any means which will increase general knowledge of the care of the expectant mother should receive the support of all intelligent people, the great question is the best way to accomplish it. The Shepperd Towner Bill, which may become a law before this paper is published, provides for the appropriation of a large sum of money from the Federal Treasury to be prorated to the various states, provided that the states appropriate an equal amount. This prospective grant is intended to induce states to appropriate equally large sums. The criticism which has been justly made of the plan of this bill is that, according to the writer's understanding, all sums spent and plans carried out must be under the supervision of the children's bureau in Washington. The Shepperd Towner Bill was introduced at the last session of Congress and was not acted upon. It has been re-introduced in the present session in both Senate and House of Representatives and at the present time has been favorably acted upon by the Senate Committee to which it was referred. No action has been taken by the committee of the House of Representatives but the indications are that it will pass both houses of Congress at this session. This bill has been endorsed by the President of the United States, by innumerable women's organizations and by almost every important religious denomination in America. It has been officially endorsed by the governors of thirty-four states. If this bill had been the work of all the competent obstetricians in this country and had the medical profession as a whole interested itself in it, it probably would have been a much more satisfactory measure than it is.

Over fifteen years ago the writer in a paper presented before this State Society advocated the periodical examination of the apparently healthy. It was quite an uncommon practice at that time but it is an every day occurrence now. How much more necessary it is that examinations be made in cases of pregnancy where the lives of both mother and child are concerned. Statistics from Washington have shown that about thirty-three per cent. of the men of military age who applied for entrance into our army was unfit for military duty. It would have been interesting had an equal number of women of corresponding age been examined to ascertain what percentage of them were fit for maternity service.



Proper eugenic laws regulating marriage would be a step in advance toward realizing some ideals in obstetrics and in our own state during the last legislature a eugenic bill which had some very excellent features was defeated, probably because the medical profession did not inform and interest itself in its passage.

The writer believes in birth control to the extent that the obstetrician should instruct certain of his patients how to avoid pregnancy. This of course entails possession by the physician of the highest sense of responsibility and duty and honor, for the dangers of abuse of this prerogative are obvious. On the other hand it is also the duty of the obstetrician to assist in every way possible to overcome sterility. The determination as to whether the husband or wife is deficient in a sterile marriage has now reached a considerable degree of accuracy and the X-ray Pneumo-peritoneal work, which has been done by Petersen and Van Zwallensberg of our own state, and the work of others, promises a new epoch in the management of sterility.

The writer desires to make a plea for a most careful physical examination of the expectant mother. In addition to the genital tract, the teeth, tonsils, accessory sinuses and all other possible foci of infection must be carefully sought after. The recent work on endocrinology promises a fertile field of interest in obstetrics, and the chemistry of the blood is receiving more and more attention.

Obstetrics as a specialty has so many points of contact with other branches of medicine that frequent consultations are not only advisable but imperative if the best interests of the patient are to be conserved.

We desire to emphasize the importance of a more wholesome respect on the part of the obstetrician for the natural forces which are employed in childbirth and while the modern viewpoint accentuates the minimization of suffering on the part of the mother, in these days of Pituitrinism, Potterism, and Prophylactic Forcepsism there is a tendency to sacrifice the best interests of both mother and child to the convenience of the busy doctor. In this connection, while the indications for Caesarean Section should be as well known as the letters of the alphabet, our own statistics as recently gathered in Michigan, indicate that the correct information on this procedure has not filtered into the minds of the profession as thoroughly as it should have done.

General practitioners must equip themselves both mentally and mechanically so that they can meet with equanimity the various compli-

cations incident to obstetrical work. A campaign of education should be commenced which will educate the people to be afraid of employing physicians who are not competent to do good obstetrical work. The case reports of surgeons, gynecologists, neurologists and many other specialists bristle with the revelation of obstetrical work poorly done.

It seems to the writer that the highest ideals obtainable in this country can only be realized when the entire medical profession interests itself in this problem. The responsibility does not rest entirely with the specialists who are teaching and practicing obstetrics in the larger medical centers. There are hardly enough trained obstetricians in the whole United States to properly care for the expectant mothers in the state of Michigan at the present time. The responsibility as the writer sees it is on the shoulders of every member of the medical profession; for as guardian and protector of public health it is his obligation to educate the people in his community as to the dangers of poor and the advantages of good obstetrical care. General practitioners, who, in reality, do the most of the obstetrical work, have a particularly solemn responsibility in this connection. The searchlight of public opinion is being turned upon maternity work in this country. The standardization of hospitals, by which careful records of all kinds of medical work are kept and made public, the establishment of prenatal clinics and the attempts at Federal and State legislation which are being made, all of these agencies will soon force the physician to improve the quality of his maternity work or to refer it to more competent hands.

The above desultory remarks contain a number of suggestions which should tend toward the attainment of some ideals in obstetrics. Every physician has the responsibility in this way and can play a part in helping to raise obstetrics from the lowest level of mediocrity to the highest of arts. The profession must place a higher value on obstetrics as a specialty and medical students and the younger members of the profession should be taught that no branch of medicine brings greater reward for honest and conscientious toil than does obstetrics. Furthermore there is no department in the whole science of medicine where profound study and expert training are more essential.

The writer desires to make a suggestion which he thoroughly believes would be an excellent commencement toward the realization of certain ideals in Michigan obstetrics: and that is, that a society known as the Michigan Ob-

stetrical Society be formed immediately, the membership of this society to consist of all the physicians in Michigan who are practicing obstetrics **exclusively and those whose interest in and experience in obstetrical work entitle them to membership**: and that this society, formed it is to be hoped in the very near future, shall interest itself in all the factors that make for better obstetrics, such as the improving of the curriculum in medical schools, the encouragement of young men to engage in obstetrics as a specialty, the holding of clinics for the benefit of general practitioners, the organization for prenatal instruction to mothers, the recommendation of the erection of maternity hospitals in all counties or other districts that need them, and the presentation of bills before the state legislature which will make possible the diffusion of such information by properly trained individuals as will promote the best interests of the expectant mother from the advent of her pregnancy to the termination of her puerperal convalescence.

It seems to the writer that the following words from President Harding's Inaugural Address might form an appropriate conclusion to this plea for the attainment of higher ideals in obstetrics:

"We want an America of homes illumined with hope and happiness, where mothers, freed from the necessity of the long hours of toil beyond their own doors, may preside as befits the hearthstone of American citizenship.

"We want the cradle of American childhood rocked under conditions so wholesome and so hopeful that no blight may touch it in its development, and we want to provide that no selfish interest, no material necessity, no lack of opportunity shall prevent the gaining of that education so essential to best citizenship.\* \* \* Where genius has made for great possibilities, justice and happiness must be reflected in a greater common welfare.

Metz Building, May 25, 1921,  
Grand Rapids, Mich.

#### DIGITALIS THERAPY.\*

JOSEPH B. WHINERY, M.D.

GRAND RAPIDS, MICH.

Digitalis therapy depends on our knowledge of the effect of this drug upon the normal and diseased heart. The work of investigators in the past decade has done much to establish a more rational application of digitalis in diseases of the heart. It has been known since the time

of Withering, in 1785, that digitalis, under certain conditions, causes a slowing of the heart rate. It has also been known for many years that it does this by stimulating the vagus center in the medulla which results either in a depression or a retardation of the rate of impulse originating in the sinus, and affecting the whole heart or in a depression of the conductivity of the impulse to the ventricles through the bundle of His. Digitalis, aside from its effect in a central way, has a local tonic effect on the weakened myocardium. It increases the tonicity, irritability and strength of contraction. It cannot increase the absolute power of the heart. Its diuretic effect is dependent upon improved circulatory condition in the kidneys.

With a normal pulse rhythm, slowing of the pulse rate is not a prominent effect of digitalis, but the work of Cohn and others shows that it causes quite a constant delay in the conduction of the impulse. Felix Meyer finds that the effect of digitalis on the coronaries is not of a constricting nature but rather that it acts as a dilator. By its tonic effect on weakened heart muscle it may thus prevent pains of an anginal nature. Slowing of heart is one of the symptoms of its toxic effects.

The reputation of digitalis in the treatment of heart disease rests largely on the success obtained in the treatment of auricular fibrillation. In many cases it is a specific. Lewis MacKenzie makes the statement that sixty per cent. of irregular hearts are irregular because the auricles are fibrillating. Eighty per cent. of the cases suffering from heart failure with dropsy are accompanied by fibrillation. In such cases digitalis inhibits many of the auricular impulses and slows the contraction of the ventricles. The rate of fibrillation of auricular is not affected. In the closely allied condition of auricular flutter digitalis has a similar effect.

Before beginning a course of digitalis therapy one should diagnose as nearly as possible the ability of the heart to perform its function. This means not only ordinary capacity but also the reserve strength of the heart. Mistakes in digitalis therapy most frequently arise from a lack of clear conception and differentiation of the diseases of the heart in which it has been found to be of value. The pronounced beneficial effect in cases of auricular fibrillation has led to its use in many and varied types of abnormal heart conditions when it was not indicated. The important thing to observe is the condition of the heart muscle. The symptoms of an aortic regurgitation or a mitral stenosis do not call for digitalis therapy unless there is an accompanying heart muscle impair-

\*Read before the M.S.M.S., May, 1921, 56th Annual Meeting.

ment sufficient to produce circulatory disturbance. In considering the treatment of myocardial disease we must realize that the use of digitalis or any other drug is secondary to the general management of the patient. It may not be amiss to state that factors which might have a bearing on the patient's cardiac condition such as foci of infection from teeth, tonsils or elsewhere should be removed as far as possible. Proper treatment for toxic goiter conditions should be carried out. Cases of hypertension and arterio-sclerosis, with or without kidney involvement, should receive careful attention. The success of digitalis therapy in patients of moderate and severe grades of broken compensation depends largely on the general care. Rest of the patient both physical and mental, is of first importance. Response to medical treatment depends largely on the thoroughness with which this is carried out. The patient should be put to rest in the position in which he can breathe most easily and kept there until his improvement justifies a more normal activity. His mind should be kept free from all business cares and kindred annoyances. If the patient is unable to sleep the milder sedatives such as the bromides of ammonium, sodium or potassium, may be used in doses of from 15 to 30 grains, well diluted and given three or four times a day after food. Chloral hydrate given in 5 grain doses two to four times a day, is a safe and often efficient hypnotic. Usually its effect is increased by combining it with the bromides. Sulphonal, veronal, or paraldehyde may be given to induce sleep. In the presence of pain or dyspnoea or orthopnoea, morphine given subcutaneously in doses ranging from 1-8 to 1-4 grain is the most satisfactory sedative. Under certain conditions codeine and some of the other opium preparations may be found of service.

Careful attention should be paid to elimination. Free catharsis should be brought about in patients suffering from oedema and general stasis by the use of epsom salts and sulphate or phosphate of soda. In patients with less pronounced signs of decompensation almost any of the ordinary cathartics may be used.

The food should be of a simple and digestible character, regard being paid to its nutritional value. The limitation of salt and fluid should be regulated by the oedema. The more the oedema the greater the restriction. Whenever possible the amount of fluid intake and the urinary output should be compared.

In severe cases accompanied by cyanosis, dyspnoea and dilatation, venesection may be of distinct value in enhancing the good effect of

digitalis and relieving strain on the right heart.

Let me again emphasize the importance of differentiating as far as possible the various kinds of arrhythmia and the cause of these irregularities before treatment is instituted. The so-called functional arrhythmia may be due to a disturbance outside the heart; to visceral reflexes, emotions, coffee, tobacco and alcohol. The arrhythmias of a distinct myocardial origin are those associated with myocardial disease, valvular disease, hypertension, arteriosclerosis, exophthalmic goiter and the result of infections.

In a considerable percentage of cases the cause of the arrhythmia is obscure. In the functional type the treatment of the cause of the irregularity should be the first consideration. In such cases digitalis is not indicated and if given may be harmful.

The presence of pulses alternans means a badly damaged myocardium and is of grave significance. The administration of digitalis may be of value along with other means of improving the heart muscle. In paroxysmal tachycardia digitalis is not indicated. It does not act in a specific way. It is stated that small doses may be of help and with symptoms of decompensation its use would be rational.

The beneficial effect of digitalis on a rapid heart with normal rhythm (the result of acute infection or toxic goiter) is not marked. Neither does it correct the effect of high temperature, bacterial invasion and toxemia of heart muscle. However, in such cases good results may be obtained in developing fibrillation before blood pressure becomes depressed or marked circulatory failure sets in. In acute infectious endocarditis digitalis is not helpful. The use of digitalis in lobar pneumonia is quite a common procedure. It is given with the idea of producing partial digitalization, so that the later effect in cases of threatened heart failure may be obtained. Its use should be determined after a careful analysis and not by an indiscriminate following of routine.

In cases of heart block where there is impaired conduction, especially with failure of heart muscle, digitalis is not contraindicated but its action should be carefully watched for the detection of symptoms of too marked blocking of the heart.

In all degrees of decompensation with or without definite valvular defects, and in all grades of systolic blood pressure, from low to high, there is no contraindication to the use of digitalis.

The preparations of digitalis that experience has proved to be most satisfactory, are the tinc-



ture and the powdered leaf. These preparations are quite uniformly reliable, can be assayed and standardized and are suitable for oral administration. Eggleston finds that complete absorption takes place in six hours and that with proper dosage digitalization may be possible within from ten to twenty hours. The so-called cumulative effect may last for two weeks after discontinuing the therapy. No advantage is gained by more frequent dosage than from four to six hours. The tendency in the past has been toward too small doses.

Eggleston has recently outlined three plans of medication: (1) The small dose method. This is carried out by giving from 2 to 4 grains of the powdered leaf, or from 20 to 40 minims of the tincture four times in the twenty-four hours, until toxic symptoms appear. This may take from four to ten days or longer according to the potency of the digitalis.

(2) The large dose method. This gives 6 to 7 grains of the powdered leaf or one dram of the tincture every six hours for the first twenty-four hours. The second day the dose is reduced one-half and given every four hours during the day, being omitted during the night. The smaller dose is continued until complete digitalization is procured.

(3) The body weight method, by which full digitalization is obtained within ten to twenty-four hours. This is advocated in cases where the symptoms are urgent and a rapid, full effect of the drug is desired and is dependent upon an average total amount of digitalis which will produce full physiological effect expressed in terms of the activity of the drug and the patient's body weight in pounds. This activity is determined by the cat method of Hatcher, the details of which have been described in recent medical literature.

The dosage of digitalis commonly employed in the past has been, on the average, 15 minims of the tincture four times a day, or from 1 to 1½ grains of the powdered leaf given at the same intervals. Under certain conditions, intravenous or intramuscular treatment may be advisable and ampoules of digipuratum or digifoline representing from 1 to 1½ grains of the digitalis leaf may be used. These preparations, both in tablet form and in solution for hypodermic use are much more expensive and

possess no especial advantage over the simpler standardized product.

The dosage of digitalis should not be measured by minims or grains but by the results obtained after a reasonable length of time. In chronic cases, where it is necessary to continue the use of digitalis over a period of time, 15 to 20 minims of the tincture or 1½ to 2 grains of the powdered leaf may be given in twenty-four hours without producing symptoms of intoxication.

In digitalis therapy we wish to emphasize accurate diagnosis before instituting treatment, careful attention to the general management of the case and the use of sufficient doses of the standardized and biologically assayed product.

#### PERIPHERAL NERVE INJURIES.\*

W. T. DODGE, M.D., F.A.C.S.

BIG RAPIDS, MICH.

Valuable additions have been made to the sum of our knowledge concerning injuries of the peripheral nerves, through the experience of surgeons, during and following the great war. Our attention was called to this subject in an excellent address delivered in this country before the American College of Surgeons by Sir Berkeley Moynihan in the fall of 1917. The principles governing nerve surgery were then presented in a most clear and convincing manner. He particularly protested against the practice of splicing nerves or of introducing any foreign substance as a graft between the ends of divided nerves. The value of this address becomes apparent when one studies the actions of nerve cells when a nerve has been injured or divided. Every wounded nerve is the seat of a bulky neuroma. The neuroma is the tumor produced by local proliferation of the regenerated nerve fibers. It is found on the central end of the sectioned nerve or above the cicatrix resulting from a tearing or perforation of the nerve. The axis cylinder when opposed in its natural course by coming in contact with coarse tissue curls up on itself and grows in a spiral, soon forming with its fellows a considerable enlargement of the central end. A tumor also forms on the proximal end, but this tumor

\*Read before Section on Surgery, M.S.M.S., May, 1921, 56th Annual Meeting.

is styled a Pseudo-neuroma caused by a proliferation of the neuroglial cells.

Before suturing a nerve it is necessary to remove the tumors on both ends of the divided nerve until the bundles of divided nerve fibres are observed presenting an appearance resembling the wires in a divided telephone cable. Injuries of nerves are produced by pressure from fragments of broken bones, by lesions not directly injuring the nerve trunk but causing the formation of scar tissue which subsequently compresses the nerve and by missiles passing through the nerve either severing it partially or completely.

During my service in the Base Hospital at Camp Sherman it was my fortune to receive fifty-five cases of nerve injury, many complicated by fractures and by wounds of the soft parts that were still suppurating. Major R. H. Berge of Cleveland was assigned special charge of these cases and he had progressed far in their classification and had a large number of them prepared for operation when he was ordered to Base Hospital at Camp Mead to act as Chief of the Surgical Service there. Before his transfer he operated upon two cases of drop foot, due to division of the great sciatic and external popliteal respectively. I had followed his investigation closely and inherited the data that he had prepared and after the departure of Major Berge assumed personal charge of the nerve cases. Ambulatory cases reported each day to the treatment rooms of the reconstruction department and were massaged and treated with electricity when such treatment was considered advisable. A good many of them improved under such treatment and unless positive evidence of nerve division existed operative procedure was deferred until the results of such treatment were observed. The advice of the head of the reconstruction department was followed as a rule in determining time of operation. Before the transfer of these cases fifteen operations for nerve suture were performed including four of the great sciatic, two musculo spiral, three ulnars, three external popliteal, one brachial plexus and two medians. It was found possible in all cases to approximate the divided ends by flexing the joints. In the case of the great sciatic it is necessary to flex the knee and

extend the thigh and to maintain this position, we first made use of a Thomas splint, bent at the knee, to give required flexion and after patient was returned to bed the projecting end of splint was permitted to rest on the floor beside the bed. Later we used a posterior splint of metal, with a foot piece, that could be bent at the knee in any desired position and found it to be in every way satisfactory. During the time these cases were under our observation no material change in the condition of the limbs were noted except that in some cases anesthetic areas began to clear up and there was evident improvement in the nutrition. No early improvement in function is to be anticipated after suture of a divided nerve, neither is one to be discouraged if improvement of function is not noted for many months. These cases were all transferred to G. H. No. 28 during April 1919, together with all of the remaining cases of nerve injury and it would be very interesting if the end results in all cases could be reported. I am able to furnish this report in only one instance of the fifteen nerve sutures here reported. A year following the operation I received a letter from Capt. C. D. Hauser, of Youngstown, Ohio, who was one of the supervisors in our surgical service, in which he states: "This morning I found in the City Hospital one of the cases in which you sutured the great sciatic more than a year ago at Camp Sherman. Thinking you would be interested I examined the limb and find that the foot-drop has been relieved although the strength of the flexor muscles is not fully restored. He states that he first became able to flex the foot just one year following the operation."

Cases in which the nerve is compressed by scar tissue show improvement of function much earlier than do the nerve suture cases. One case at Camp Sherman illustrated that point. It was a case of fracture of the humerus produced by an accident in the camp during the summer of 1918. The bone failed to unite and was treated by bone transplant. The nerve was not injured at the operation but wrist drop developed subsequently, denoting involvement of the musculo spiral. Operation was done, the nerve located just above the elbow and followed

up through the scar tissue. It was noted that the nerve was larger than normal below the scar and very small through the scar tissue but when released quickly became restored to normal size throughout. It occurred to us that if left in the scar tissue it would again suffer from compression and we split a muscle and placed the nerve in a new bed surrounded by muscle fibres. Restoration of function occurred in this case rapidly and the wrist drop was entirely relieved at the end of six weeks. Since leaving the army service I have had opportunity to observe several cases of nerve injury among the former service men. One case of reported suture of the ulnar nerve at Camp Grant shows no improvement at the present time. Another case of division of the great sciatic presents interesting features and will be briefly reported.

"Rottman, Samuel C.—Private Co. L., 26th Infantry—age in 1918, 19, shot by M. G. B. July 19, 1918, point of entrance outer side left thigh—two inches below lower border trachanter major—exit lower edge of buttocks  $\frac{1}{2}$  inch from anus. A longitudinal scar appears in posterior surface of thigh and extending well up on the buttocks. This marks an incision that the patient states was made at General Hospital No. 3, Rahway, N. J., in an attempt to suture the nerve. The patient was informed that the nerve could not be found. I had him admitted to the Hospital on November 19, 1919 and cut down upon the nerve. The upper end was drawn well up under the glutei muscles and was located with some difficulty. A large neuroma had developed upon the upper end so that two inches had to be removed before normal appearing nerve tissue presented. The pseudo-neuroma in lower end was not so large and it was possible after moderate tension to bring the ends together with extension of the thigh and flexion of the knee. Healing occurred normally although the patient had to be rescued from the burning hospital on December 1, by means of a ladder placed at his window. On account of the high and complete division of this nerve there was marked paralysis of his leg. The muscles of the calf had atrophied to such an extent that the leg presented a pipe stem appearance. The young man has continued in attendance at the Ferris Institute and therefore I have had opportunity to keep him under observation. During the year following suture some improvement in nutrition took place and a tendency to ulceration of the toes and foot disappeared—no improvement took place in function nor in sensory paralysis. In

March of this year, however, he came to me much elated and I found that a considerable development of the muscles of the calf had taken place and that he could voluntarily move many of these muscles and could raise his foot very slightly. Since that time there has been gradual improvement in function and I feel convinced that eventually complete restoration will take place. In this case suture was performed sixteen months after the nerve was divided and the first improvement in function was noted sixteen months following suture.

I have had one other case of nerve injury to treat since my return from army service. A friend had sustained a fracture of the upper end of the fibula and found that the styloid process had been broken off and displaced and that it had not become united to the main shaft. The external popliteal nerve was located, dissected out of its bed of scar tissue and the loose styloid process was removed. The nerve had not been divided and restoration of function took place very rapidly so that in a few months the drop foot had disappeared.

In the treatment of nerve injuries attention should be given to the joints and muscles and if a nerve is divided it should be sutured at the earliest practical moment. In the war zone most wounds suppurated and it was manifestly impossible, in nearly every case, to perform immediate suture. Then, the wounds were prone to active suppuration if they were reopened soon after healing had taken place, consequently much time elapsed before operative treatment of a divided nerve was undertaken. During this waiting period it was important that joints be kept supple, and the patients were instructed to many times a day move the paralyzed parts freely to their full range.

In the cases of drop foot and drop wrist supports must be applied to hold up the hand or foot for if the paralyzed muscles are kept constantly on the stretch the chances of ultimate restoration of function are diminished.

In the actual performance of nerve suture great care is necessary. In the first place the fingers should never be permitted in the wound. Blunt dissection should be made until the nerve is found. This is not very difficult if the anatomy is fully understood by the operator



but if the nerve is completely divided the ends may have retracted to a great extent. One of my cases of divided great sciatic illustrated this point. The nerve had been completely divided by the passage of a machine gun bullet. The incision was made over the course of the nerve so that the middle of the incision was at right angles to a line passing from the point of entrance to the point of exit of the bullet. The nerve was located at once but was found apparently uninjured, and the point of division was ultimately located six inches below the lower end of the original incision. When the ends are located they should be raised by the bulbous ends and traction made to approximate them. The nerve stretching should now be done and the nerves will be found responsive to steady gentle traction. Joints should be flexed until the ends of the nerve can be brought together. Sometimes it is necessary to dislocate the nerve from its bed and lay it in a shorter line. Progressive transverse cuts are now made across the nerve ends until in cross section nothing but nerve fibres are seen. If every particle of fibrous tissue is not removed the operation will fail. The axis cylinders coming from above must have free entry into the nerve below.

When the ends are prepared they are brought into apposition with greatest care. There is difference of opinion concerning the best suture material. Moynihan recommends that only the finest cat gut be used and that only the sheath should be included in the suture. Others recommend in the larger nerves the passage of a mattress suture by means of a dull needle insinuating the needle between the bundles of axis cylinders. In any event the cylinders themselves must not be punctured. I have used both methods and have had good results in each. The smaller nerves have been united by interrupted sutures of either fine silk or cat gut through sheath only. In some of the great sciatic cases when there was considerable tension on the nerve I passed the mattress suture of cat gut and sewed the sheath with fine silk. This was the method followed in the case sutured sixteen months following injury. Care must be taken to avoid axial rotation. The

nerve having been sutured care should be taken to lay it along a path of uninjured tissues. Regarding after treatment there is one point in which I cannot agree with Moynihan. He recommends that the posture adopted to permit the ends to approximate be maintained for six weeks and then that very moderate attempts be made to extend the limb. We started our work with the idea that such procedure would be necessary and also we were under the impression that the operation would be followed by severe pain. We found such was not the case. The only complaint made by the patients was on account of the posture imposed. No nerve pain properly speaking was complained of at all. The complaint was bitter, especially concerning the position of the leg when the knee was fully flexed and the thigh extended. The plan finally adopted was to remove the splints on the third day and permit the patient to straighten the limb all that he could by voluntary use of the muscles without producing pain and usually by this means the limb would straighten completely in a week or ten days. On each occasion the splint was reapplied to maintain the limb at rest in the new position. In the case of the sciatic a support to the foot was kept in use indefinitely and in case of the musculo-spiral the Jones Cock Up splint was used for a long time. In two weeks following operation gentle massage treatment was resumed. Electrical treatment should be given with great care and on no account should the muscles be over stimulated.

In published records it appears that the duration of the disability is not a bar to operation. One case being reported by Moynihan in which the ulnar nerve was sutured fifteen years after it was cut across and signs of returning function were seen in about four months.

If indications of returning function are not noted in three or four months I think it would be worth while to cut down on the nerve and find out if union had occurred and if so whether the occurrence of adhesions were interfering with function or not. I have not noted that this has as yet been done but believe it should be adopted by the Public Health Service in the case of disabled soldiers who show no sign of re-establishment of function.

## Minutes of the Fifty-sixth Annual Meeting of the Michigan State Medical Society at Bay City May 24, 25, 26, 1921

### COUNCIL MEETINGS.

The first session of the Council was held at 5:00 p. m. May 24, 1921 at the home of Councillor McLurg. Present—Councillors Kay, Seeley, Dodge, Southworth, Toles, DuBois, Keifer, Jackson, Parks, Randall, President McLean and the Secretary.

The annual report of the Council to the House of Delegates was read and discussed. The present status and welfare of our organization was considered in a general discussion. Adjourned at 7:30 p. m.

#### SECOND SESSION.

The Second Session of the Council was held in the Ordinary of the Wenonah Hotel on May 25th, 1921, at noon. Present—Councillors Kay, Keifer, DuBois, Seeley, Randall, Toles, Buckland, Dodge, Jackson, Southworth, the Secretary.

In compliance with the request from the House of Delegates, on motion of Dr. Seeley, supported by Dr. Southworth, the Secretary was directed to draw orders for railway fare and \$10 per diem for delegates attending the American Medical Association. Carried. Adjourned.

#### THIRD SESSION.

The third session of the Council was held on May 26, 1921 in the Ordinary of the Wenonah Hotel and was a joint session with the County Secretaries. Fourteen County Secretaries were present. Each secretary was called upon for a report of the condition, difficulties and activities of their respective societies. During the meeting a re-organization of the County Secretaries was accomplished and Dr. F. C. Kinsey of Kent was elected President and Dr. W. H. Marshall of Flint, Secretary. Plans were outlined for the year's work. Members of the Council engaged in the discussion. The Secretary was authorized to arrange for a similar meeting next year. The Secretaries then withdrew, the Council convening in annual session.

On motion of Councillor DuBois—Southworth, the Council approved the personnel of the Legislative Committee appointed by the President.

On motion of Councillor Dodge—Toles, \$200 was appropriated for the Committee on Regional Clinics.

Councillor Southworth nominated Councillor DuBois as Chairman. Supported by Dr. Toles. The Secretary was instructed to cast the ballot and Dr. DuBois was declared elected Chairman of the Council.

On motion of Dr. Dodge—Jackson, the Secretary was instructed to cast the ballot for Dr. Seeley as Vice-Chairman. The Secretary did so cast and Dr. Seeley was declared elected Vice-Chairman.

On motion of Dr. DuBois—Seeley, Councillors Dodge, Jackson and Walker were selected as the Council members on the Fee Schedule Committee of the State Society.

The Council adjourned to meet in mid-winter session in Detroit in January at the call of the Chairman.

W. J. Kay, Chairman.

F. C. Warnshuis, Secretary.

### PROCEEDINGS OF THE HOUSE OF DELEGATES OF THE MICHIGAN STATE MEDICAL SOCIETY.

Bay City, 1921.

#### FIRST DAY.

TUESDAY, MAY 24

The first session of the House of Delegates of the 56th Annual Meeting of the Michigan State Medical Society was called to order in the Masonic Temple, Bay City, at 7:45 p. m., Tuesday, May 24, 1921, by the President, Dr. Angus McLean, Detroit.

#### REPORT OF COMMITTEE ON CREDENTIALS

In the absence of the Chairman of this Committee the report was given by Dr. C. H. Baker, Bay City, who stated that there were twenty-five members, which constituted a quorum.

The President thereupon declared the House ready for the transaction of business.

#### ROLL CALL

The Secretary called the roll.

#### APPOINTMENT OF COMMITTEES ELECTION OF NOMINATING COMMITTEE

Dr. R. L. Clark of Wayne nominated Dr. J. N. Bell of Wayne as Chairman of this Committee; Dr. C. C. Slemmons, of Kent nominated Dr. C. S. Gorsline of Calhoun; Dr. J. D. Brook, of Kent,

nominated Dr. R. H. Nichols of Ottawa; Dr. Frank B. Walker, of Wayne, nominated Dr. Carl Moll of Genesee; Dr. H. W. Peirce, of Wayne, nominated Dr. O. L. Ricker, of Tri.

Dr. W. J. Wilson of Wayne moved that the nominations be closed and that the Secretary be instructed to cast the unanimous ballot of the House for these five nominees. Seconded by several and carried.

The Secretary reported the ballot cast and the President declared these gentlemen duly elected.

The Secretary then read the duties of the Nominating Committee.

#### APPOINTMENT OF BUSINESS COMMITTEE

The President appointed the following Committee to take care of the business of the House:

Dr. R. L. Clark, Wayne, Chairman.\*  
Dr. A. F. Fisher, Houghton.  
Dr. C. C. Clancy, St. Clair.  
Dr. A. V. Wenger, Kent.  
Dr. Chas. B. Tweedale, Cheboygan.

#### ANNUAL REPORT OF THE COUNCIL

Dr. W. J. Kay, Chairman, submitted the following report: The Council submits to the House of Delegates the following as its Annual Report, and urgently recommends that you so direct your deliberations as will witness a definite pronouncement upon the following matters of vital importance in our inter-relationship with state, community and individual.

**Fees:** Much has and is being said both professionally and from our lay people, as also the press, regarding certain charges that have been made for professional services. The Council is not disposed to enter into any detailed discussion of the basic principles that enter into this phase of our professional remuneration. The Council feels and so recommends that the House of Delegates take a definite stand and formulate a pronouncement that will establish a maximum limit for professional services rendered. Such a maximum schedule to serve as a basic figure for determining a just fee in consideration of the patient's financial status and independence.

**Legislative Activity:** The story of our last Legislature is generally known. Its enactments or near enactments reveal the changing sentiment that is being expressed in regard to our profession. The Council feels that this should receive considerate attention from your body. The subject is one that demands the formulation of a plan of campaign that will secure a just recognition of our inherent rights by our representatives and legislators, State and National. The Council, mindful of our past experiences, recommends that such organizational activity be not deferred. To that end we ask that the Annual Address of our President be received as our recommendation upon this subject.

**Society Work:** The numerical strength and activity of our Society is clearly set forth in the Secretary's Annual Report which was published in the February, 1921, issue of the Journal. The auditor's certificate of our funds is attached hereto.

Some complaint has been raised in a very few isolated instances regarding the increased amount of dues. Reference to this report will clearly demonstrate the wisdom of increasing the dues and financial obligations of the Society.

**Clinical Teams:** The Council recognizes the good work accomplished by our Clinical Teams. It feels that this work should be developed to a still greater degree. It believes that financial support should be given to our small societies so as to bring the benefit of these teams to their very doors. Your recommendations in this respect are requested.

Respectfully submitted:

W. J. Kay, Chairman.

This report was referred to the Business Committee.

#### REPORTS OF COMMITTEES

##### COMMITTEE ON INDUSTRIAL AND CIVIC RELATIONS

Dr. G. E. Frothingham, Chairman, Detroit, presented the following report:

To the House of Delegates,

Michigan State Medical Society.

Gentlemen:

When your Committee on Civic and Industrial Relations first took up its work in 1919-20, it found that a question of vital importance to the people of this country and to the Medical Profession was being fought out in several states.

Your Committee found that a number of men of the medical profession, high in official circles of the American Medical Association and backed by all the power and prestige of the American Medical Journal, had joined hands with a group of "Citizens of the World," styling themselves "The American Association for Labor Legislation" and were trying to introduce into this country that well touted German Brand of Compulsory Health Insurance and reduce a free people to the condition of serfs, personally conducted from the cradle to the grave, and make of the great and honorable profession of medicine, a badly regulated State business, subject to the whim of every passing political breeze, the football and plaything of every politician of high or low degree.

Your Committee investigated carefully. It sent a letter of inquiry to the Surgeon General of the United States on this question of Compulsory Health Insurance. The answer came from the Executive Secretary of the American Association for Labor Legislation, the foremost proponent of Compulsory Health Insurance in the country and this answer contained an attack on an official of New York who had the nerve and the courage to take a stand against this measure.

It found that names, high on official lists of the A. M. A., stood equally high on the letter heads of the American Association for Labor Legislation. It found that the Council on Health and Public Instruction of the A. M. A. had employed an expert to study and report on Compulsory Health Insurance and this expert, who was to report, had been an ardent advocate and apostle of Compulsory Health Insurance for a dozen years. It found that when the medical profession of California was fighting this measure



with all their might, this expert, paid by their own money, employed by their own National Association was stumping the State against them and using all the glamour of his reputation as the expert of the A. M. A. to help defeat the rank and file. The excuse is made by those, responsible for the employment of this one sided expert, that he was not in the employ of the Association, when he stumped California but your Committee have seen no public repudiation and no public criticism by the A. M. A. of his action. The people of California rallied to the support of the rank and file of the medical profession and voted Compulsory Health Insurance down by a vote of three to one.

This is but one instance that your Committee can cite, where the men whom the profession had placed in power, were aiding and abetting the efforts of the American Association for Labor Legislation to socialize the medical profession.

Your Committee cites Dr. F. R. Green, Secretary of the Council on Health and Public Instruction of the A.M.A., as authority for the statement that an "OVERWHELMING MAJORITY" of the members of the profession are against this measure and yet this Council sends out literature, compiled by the prejudiced expert and his sponsor and the rank and file pay the bills.

Your Committee tried to learn why a vote on this question had never been taken in the National House of Delegates and found that after years of intensive study, after the reports of the "expert," the Council on Health and Public Instruction were always counselling delay and asking for more time.

Your Committee decided to conduct an educational campaign and state the facts to the members of the profession. The result was that county after county swung into line, denouncing the measure and calling on our delegates to the National House of Delegates to take a stand against Compulsory Health Insurance and demand a vote on the question. At New Orleans, Michigan stood shoulder to shoulder with Illinois and Indiana in backing up New York. Attempts were made to sidetrack the issue, but when it was found that the Council on Health and Public Instruction were still not ready to submit a report, a resolution condemning Compulsory Health Insurance was placed before the House of Delegates and carried almost unanimously. When that vote was counted, the De-Luxe Pullman of Compulsory Health Insurance had been ditched and the gravel trains were on the main track.

The voice of the people of the profession had been heard and the tones were sure and unwavering. Your Committee waited to see what the leaders who sponsored the disgraced measure would do. They switched at once. The flag of Compulsory Health Insurance was lowered" and in its place flew one of motley with various mottoes—"State Medicine"—"Community Health Centers"—"Group Medicine"—"Diagnostic Clinics," etc. In 1919-20 we fought an open enemy. In 1920-21 we fought the same old enemy under various names.

But your Committee found that whatever the name might be, the principle of STATE

DOMINATION was always there. One advocate would talk of the wonders of "State Medicine" and when pressed as to who would control would talk vaguely of some Super-Human State Board of Laymen. Another would talk of the beauties of teaching the country physician his business by means of perambulating "Diagnostic Clinics" which would tell the physician what might be the matter and then leave him to work out his own salvation. Another would talk of the home keeping qualities of "Community Health Centers" which would bring the youth of both sexes back to the farm, if only a Health Center were established and of course the proper control of this must be in the hands of the State University. But through it all ran the red thread of socialism of medicine—the reduction of the independent practitioner to the ranks of the hired man, to be buffeted about by every political breeze—the domination of the many by the few and always the many to pay the bill.

Your Committee has kept up its campaign for 1920-21. It has kept in close touch with men from other states who are fighting this battle. It has placed the facts before the profession and it recognizes the fact that the greatest danger to the welfare of the people and of the medical profession to-day lies in leaders of the A. M. A. backed by its powerful Journal for which the rank and file pay.

"When the A. M. A. speaks, it is for the members of the profession, say the lay newspaper and the lay thinker. It must be right or the A. M. A. would not advocate it. The profession must want it, or their leaders would not dare defy the rank and file of such an intelligent body of men year after year." The issue is clearly drawn, "Shall the majority rule or shall a small minority be permitted to ruin a great profession?"

The issue is as clearly drawn as it was in the famous Boston Tea Party. Are we to be taxed and misrepresented? Are the "OVERWHELMING MAJORITY" to be ruled, dominated and flouted by this intrenched minority? Is the protest of Michigan's largest County Medical Society to be ignored, when it protests against the raise in dues of the A. M. A. and shows conclusively that an Association with assets of \$755,000—with debts of less than \$7,000—with an income from its Journal of \$797,000 with a net income, with all depreciation taken off in such a year as 1919—with a falling market for supplies of \$179,000, cannot possibly in honor and justice ask of an overtaxed profession (just returning from a war to practices far too often demoralized) an increase in its yearly income of \$40,000.

Yet this was done. Wayne County protested and wired its protest to all those in authority and received no reply.

This Committee recommends that the delegates to the National House of Delegates of the A.M.A. to be held in Boston in June be thoroughly informed of Michigan's attitude on the subject of minority rule and that the following resolution on the question of the socialization of medicine, which has already been passed by Illinois and New York, be accepted and adopted.

Resolved—"That the Medical Society of the State of Michigan is emphatically opposed to

State Medicine" and to any scheme for "Health Centers," "Group Medicine" and "Diagnostic Clinics," either wholly or partly controlled, operated or subsidized by the State or National Government; and that the Delegates from this Society to the American Medical Association be and are hereby instructed to present this resolution to the House of Delegates of the American Medical Association at its coming meeting in June and to use every possible means to secure its adoption."

All of which is respectfully submitted;

George E. Frothingham,  
R. H. Nichols,  
F. B. Walker.

#### COMMITTEE ON PUBLIC HEALTH EDUCATION

The Secretary reported that this report was published in full in the Annual Program. The President ordered it referred to the Business Committee.

#### REPORT OF COMMITTEE ON MEDICAL EDUCATION.

Your Committee in its report last year reviewed and commented upon the advance made in medical educational standards in the United States, including Michigan, during the past two decades, and in which the opinion was expressed that the present standards involving two years of selected work in literary and scientific colleges in addition to the high school diploma, covering preliminary education, four years of medical course in a Group 1 or "A" college, followed by an interne hospital year had reached the limit of a national minimum standard of medical education. The above requirements for graduation and licensure are the minimum standards advocated as ideal in 1906 by the Council on Medical Education of the American Medical Association. The ideal standard having been attained in terms of courses and time at this date, there only remains in the way of advances the making of this national standard efficient and practical to the utmost degree.

There is much yet to be accomplished in the matter of the hospital interne year towards making it an efficient and practical post-graduate medical course. A great deal of hospital inspection, investigation and committee work has been done by state boards independently and through their National Federation, National Medical Associations, the American College of Surgeons, and the Council on Medical Education and Hospitalization of the American Medical Association. The latter association has published recently a list of accredited hospitals approved for internships. This list is as yet incomplete and will be added to from time to time. The activities of the above bodies (the work of the Pennsylvania Bureau of Medical Education and Licensure being most noteworthy) have developed a common viewpoint in regard to the kind and measure of training received by internes in the past and what is expected and will be required from accredited hospitals in the future in the matter of interne training.

The following outline of basic principles has been suggested as entering into the term "standardized hospitals" in their relation to the training of internes:

First. No hospital has an inherent right to the service of an interne.

Second. The rights of the public are paramount to the interests of any individual hospital or any individual community.

Third. The consideration of the interests of the medical profession as a profession are subordinate to the desired result in the training of an interne, viz., as nearly as possible perfect treatment of the patients and the proper education of the future practitioner.

Fourth. That the quality of educational service given to an interne is a perfect index of the quality of the service furnished to the public.

Fifth. A minimum approved hospital service divid-

ed into four divisions, i. e., the medical, the surgical, the obstetrical, and the laboratories.

Sixth. The members of the hospital staff must have not only the qualifications for successful practice, but the additional qualification of being able to properly and efficiently teach internes, and to give the necessary service and time in connection therewith.

In the past internes have in many instances in their service in hospitals acted as assistant physicians and surgeons, rather than as post graduate students. They could have obtained the same experience that they received in the hospitals in private practice with the added advantages of initiative and self-reliance in such practice. All hospitals which can not reasonably meet the above fundamental requirements of hospital standardization can not hope to obtain recognition from state or national bodies.

Reference was made in the Committee's report of 1920 to the claims advanced by individuals that the standards attained and in force at that date were resulting in the depletion of the normal number of practitioners in country places and districts. The same condition exists today in Michigan—the gradual migration of the country doctor to centers of large population and the recent graduate settling in cities in preference, as formerly, to beginning practice in country districts. It has been claimed that the reason for this preference to settle in cities is from the fact that the practitioner has ready access to laboratories, hospitals and other aids and conveniences involving the up-to-date practice of his profession. To a limited percentage this may be true, but a more material reason for this preference lies in the fact that very much higher fees are obtained in a city practice as compared with the rewards possible in the country, and, in addition, the physical effort in connection with practice is reduced to a minimum. It is, also, possible for the practitioner to share his anxieties and difficulties met with from day to day with his fellow practitioners, and which is not always possible in the country. Again, an error of practice in the country is largely advertised and commented upon, while the city physician can escape this drawback through the want of communication involving his friends, enemies and clientele. Methods of practice are possible in a city which if followed in country districts would result in the professional undoing of the physician. Again, the claim that the gradual elimination of the country doctor is due to high standards resulting in the falling off of medical students entering colleges does not seem to have any weight, from the fact that matriculations in medical colleges in Michigan during the past year have increased to the extent of approximately 100 per cent. This condition involving new students also exists in the other states of the Union. In the face of this very large increase of medical students the diminution of the country physician can hardly be laid to increased standards, but rather in spite of such increased standards.

Dean Victor C. Vaughan.

The most important event in the medical educational world in Michigan this year is the resignation of Dr. Victor C. Vaughan, Dean of the University of Michigan Medical School since 1890. His was an exceptionally meritorious and successful service, covering over thirty years, during which period the medical course has advanced from a high school entrance requirement and a two year medical course of six months in each year to a minimum of a recognized B. S. degree and a four year medical course of nine months (in each year), an increase of over 350 per cent in the requirement for the M. D. degree since 1890. The above improvement, of course, involves better methods of teaching, laboratories and research work. The void created through Dr. Vaughan's retirement will be most difficult to fill. He has justly obtained an international as well as a national reputation, not only as an administrator, but, in addition, as a teacher and an authority in his specialties of physiological and pathological chemistry, hygiene and public health. In connection with his work in these branches, he has done a very great amount of original research, which has made his name famous among the scientists of the world, and, has brought honor to his state and to his university.



Dr. Vaughan's professional activities, apart from his duties at the University of Michigan, have been of such variety and importance that it is only possible to mention some of the more important ones in this report. He was active and saw service in the Santiago Campaign, 1898, as Major and Surgeon Thirty-third Michigan Vol. Inf. Subsequently through appointment by the government, he wrote the Medical History of the Spanish American War. This is regarded as a classic from the standpoint of its matter involving communicable diseases of that period. During the late war, he was commissioned Colonel in the M. C. U. S. A., and was in charge of communicable diseases. He was awarded the D. S. M. for notable service. For many years, Dr. Vaughan was an active and influential member of the Council on Medical Education of American Medical Association, and in 1914 was elected President of this body, the highest honor in the gift of the American profession. He has always been most active and helpful in all professional matters in Michigan. He was President of the State Medical Society in 1895, and member of the State Board of Health and its president during several terms. He has always been active in medical legislation in Michigan, and the Medical Board and medical laws of the state owe much to him for their efficiency through his advice and support. Since its creation, Dr. Vaughan has been a member of and an examiner for the National Board of Medical Examiners. He is a member of several American and foreign scientific bodies, and is the author of a number of standard works involving his specialities.

It is to be hoped that Dr. Vaughan may be spared to the profession in Michigan for many years, and that the period of his well earned rest and retirement from active and official duties may bring to him the peace and blessings he so richly deserves.

Guy L. Connor, Chairman.

#### COMMITTEE ON TUBERCULOSIS

##### REPORT OF COMMITTEE ON TUBERCULOSIS.

Your committee begs to report a continued and intelligent interest in the campaign against tuberculosis. So far as our profession is concerned, the activities are chiefly three-fold:

1. Modern studies in tuberculosis, keeping up to date on the subject.
2. Provision of adequate sanatorium accommodations for the cases needing such treatment.
3. Education of public to seek medical advice early in case of lung disease.

In regard to the first, the members of this committee stand ready at any time to provide a program on this subject for any medical society in the State. There is also a team organized by the State Society, offering both clinics and papers on the medical and surgical treatment of tuberculosis. It would seem to this committee that each County Society should have at least one meeting each year devoted to some phase of this subject.

Provision is gradually being made in the State for the accommodation of patients needing sanatorium treatment. There is no doubt that for all cases except the favored wealthy few, good sanatorium care in this climate is the most desirable thing. The migration of the consumptive is a National tragedy which should be stopped. Again here this committee wishes to offer its services to any society seeking to agitate the question of increased community facilities for the care of the tuberculous.

The education of the public is a slow task. This committee believes that anti-tuberculosis societies everywhere should have the support of

the medical profession for the simple reason that such societies always need professional direction in order to bring the best results. Public lectures on this as well as other medical subjects of general interest are worthy of our time and attention. In this particular it may be pointed out that the agitation in this Society during the last year for the education of the public in regard to medical matters has been done for several years in tuberculosis. As a result the public is well informed on the attitude of our profession towards this disease.

Respectfully submitted;

Herbert M. Rich, Chairman.

#### COMMITTEE ON INSURANCE

No report presented at this time.

#### COMMITTEE ON VENEREAL PROPHYLAXIS

The Secretary announced that this report was published in full in the Annual Program. The President ordered it referred to the Business Committee.

#### VENEREAL PROPHYLAXIS.

As Chairman of the Venereal Prophylaxis Committee of the Michigan Medical Society, I submit a brief report of the progress of Venereal Disease control work as carried on during the past year in the State. The following information is taken from the files of the Michigan Department of Health:

From July, 1919, to July 1920, 19,656 cases of Venereal Disease were reported to the Michigan Department of Health, as follows:

Gonorrhea	10,998
Syphilis	8,365
Chancroid	293

During this same time 624 of these cases have been hospitalized at the expense of the State. One hundred thirty-eight beds in five hospitals have been available for these patients, where not only uniform treatment for Venereal Disease has been given, but treatment for any other existing disease, many receiving surgical care and also a mental examination.

Ten clinics diagnosed and treated 22,829 cases and provided after-treatment for discharged hospital cases.

Beginning October 1, 1919, when the law requiring druggists to report Venereal Disease prescriptions went into effect, to July 1, 1920, 1,110 druggists have reported 22,352 prescriptions. An amendment to the above bill was passed by the 1920-21 legislature, as per attached copy.

All States having Venereal Disease Control laws have given satisfactory co-operation.

The educational work has been carried on in co-operation with the Bureau of Education:

Number of lectures	413
Total attendance	48,730
Girls	13,196
Boys	7,352
Adults	28,182
Number of films showing (How Life Begins)	181
Total attendance	46,496
Girls	37,382
Boys	9,114
Total number meetings	594
Total attendance	95,226
Number of high schools visited by lecturers	82
Pamphlets distributed	109,110
Number days exhibits shown	191
Estimated total attendance	203,000
Framed placards purchased	1,000
Posted in stations and hotels	250

It seems to members of this committee that if the Venereal Disease campaign is to give continued results, great stress must be laid upon the educational work, especially in high school for both boys and girls.



The attention of the physicians of the State is invited to a resolution drafted by health officers representing different States, including the chairman of this committee. Briefly this resolution reads:

"RESOLVED: That while the United States Public Health Service and the State Boards of Health recognize their public duty to see that every victim of a contagious disease receives adequate treatment for his own and the public's safety, they have no intention of supplanting effective private effort in this field."

This refers to the fact that it is not the intention of the United States Public Health Service to interfere with physicians' private cases.

This committee appreciates how much of the success of the campaign is due to the cordial support of the physicians, and believes the results obtained merit the continuing of that support.

Respectfully submitted,

G. M. Byington, Chairman,  
A. H. Rockwell, M.D.,  
George Sewell, M.D.

#### DELEGATES TO THE A. M. A.

Dr. A. W. Hornbogen, Marquette, stated that as the 1920 meeting of the A. M. A. occurred before the meeting of the Michigan State Society the report was submitted at that time, and there was nothing further to report at present.

#### COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BY-LAWS

The Secretary announced that this report was published in the Annual Program. Dr. W. T. Dodge, moved that the report as published be referred to the regular Business Committee. Seconded and so ordered.

#### REPORT OF COMMITTEE ON AMENDMENTS.

Your committee begs to report that during the year it has given continued thought to the task assigned to it. It has prepared a draft of the Constitution and By-Laws which includes a number of revisions and amendments. Your Committee, however, is not prepared to submit this draft to the House of Delegates at this session for the following reasons:

1. The Committee recognizes that any change in our present Constitution and By-Laws should receive deliberate consideration by the House of Delegates at a special session. Time for such a session is not available during this meeting.

2. The Committee feels that if our Constitution and By-Laws are to be revised throughout, suggestions and recommendations should come from our component societies. Such opportunity has not been given.

3. The Committee realizes that a general revision should include provision for meeting our changing relations with the public and its institutions. The Committee feels the need of more time to formulate articles bearing upon this relationship.

Your Committee therefore recommends that:

1. This report of progress be accepted.

2. That the Committee be continued for another year.

3. That the House of Delegates provide for a special session for the consideration of this report during our 1922 meeting.

4. That the Committee be authorized to place sections of its reports before County Societies and thus secure their opinions and recommendations.

5. That it publish its proposed report in the Journal two months before our next Annual Meeting and that this report be acted upon at a special session of our House of Delegates in 1922.

Your Committee further recommends in connection with the amendments presented by Doctors Brooks and Wessinger at the last session of the House in 1920 that these amendments be continued to lie on the table. The reason therefor is that they should and would most properly come up for consideration at the time a general revision and

amending of our Constitution and By-Laws is accomplished by the proposed special session of the House of Delegates in 1922.

Respectfully submitted,

W. T. Dodge,  
C. E. Boys,  
F. C. Warnshuis.

#### COMMITTEE ON REGIONAL CLINICS

The Secretary reported that this report was published in full in the Annual Program. The President ordered it referred to the Business Committee.

#### REGIONAL CLINICS.

To the House of Delegates:

Your committee appointed to arrange for Regional Clinics, beg to submit the following report:

Shortly after receiving the appointment, the Committee met and canvassed the situation as carefully as possible. An attempt was made to consider the needs of the profession in a general way, giving particular consideration to the general practitioner situated at some distance from the larger medical centers.

The general subjects which the Committee felt should receive attention were as follows: Tuberculosis, Neuro-psychiatry, Gastro-intestinal and Gall Bladder Diseases, Dermatology and Syphilis, Gynecology, Proctology, Fractures and Emergencies, Orthopedics, Pneumonia and Empyema, Endocrinology, Cardio-renal Diseases, and Focal Infections.

For the discussion of these subjects, it was deemed advisable to arrange for clinical groups, the personnel of the group to be determined by a physician who was specializing in this particular field of medicine and who would act as supervisor or captain. Following out this plan, seventeen teams were organized, two groups being arranged for each of the more important subjects where it was felt that the possible amount of work might be too great for one group.

Immediately on the formation of the groups, the Secretary of the Society communicated with the County Secretaries, outlining the plan and stating that he would be very glad to make bookings on such dates as might suit their convenience. In the November, 1920, issue of the Journal, an announcement (copy attached) was made explaining to the profession this plan in detail, and soliciting the cooperation of the County Societies. At a recent meeting of the Committee, the Secretary reported that sixteen of the teams arranged for had perfected their organization and were in a position to accept appointments; that twelve of the teams had received one or more calls.

The reports received by the Secretary from Societies where teams had filled engagements, were most encouraging and enthusiastic. Practically the only objections offered were: First, the matter of expense; Second, the inability to provide satisfactory clinical material; Third, the fact that in certain instances the clinical material had not been sufficiently studied to be satisfactorily presented.

In times past, the programs of many of the County Societies have been arranged with but little, if any, expense. The willingness of the specialist from the larger centers, frequently from outside the state, to address the County Medical Societies and to meet their own expenses has established a precedent that has somewhat tended to embarrass the present plan of Regional Clinics. The new arrangement, whereby the railroad fare and hotel accommodations of a team numbering three to six people, necessitated so great an outlay as in some instances to demand a special assessment on the members, as the condition of their treasury would not permit of this expense. There is no question but that the calls for these teams would have been quite general had it not been for this consideration.

Relative to the matter of clinical material, the difficulty has usually been that the members of the Society were not able to provide suitable cases and in most instances resulted from their not having their attention called to the necessity in a personal way. The group Captains have, in the majority of cases,

arranged for one of their party to visit the place of meeting the day previous, to work up the material in such a way as would allow of satisfactory demonstration. In instances where this has not been done, their demonstration of cases has at times been somewhat tedious to their audience. The careful preparation of cases has been of particular value to the Societies in stimulating their interest in more careful study and the use of proper laboratory and X-ray procedure. Where suitable material has been provided and the Captain has arranged for proper study of the case, the meetings have always proved to be of profit and the work has been received very enthusiastically.

The Committee, after corresponding with the different group Captains and obtaining their opinion relative to the matter, has no hesitancy in stating that there is a great need for this type of work, and we are of the opinion that nothing could be done which would more satisfactorily improve the standard of medical practice in the state at large. The inability of the general practitioner to leave his practice at frequent intervals to take post-graduate work, both because of the expense involved as well as the embarrassment to his clientele, is generally recognized. The Regional Clinics furnish him an opportunity for medical instruction with demonstration of the latest methods in the art of diagnosis and treatment at the very minimum of expense. His attention is so very forcibly called to the value of laboratory procedure that the establishment of laboratories, properly equipped and in charge of a technician available to the country practitioner, will, we believe, in many cases be provided. This should receive the support of the profession generally and mark a new era in the practice of medicine which would do much to establish the profession in the confidence of the laity at large.

The advisability of these Clinics continuing for more than one day should be given serious consideration. There is no question but that for the demonstration of clinical cases, one afternoon or evening is entirely too short a time to allow of their being studied and demonstrated in a satisfactory manner before the Societies.

In the event that the House of Delegates feel that it is wise to continue this arrangement, the Committee would recommend that it would probably be advisable for this specific purpose to combine two or three of the smaller Societies into a larger group. This would very greatly lessen the matter of expense and would require less sacrificing of time on the part of the physicians composing the Clinical Team.

E. L. Eggleston, Chairman.

#### COMMITTEE ON LEGISLATION

Dr. C. H. Baker, Bay City, reported that the Committee had no report to offer at this time. He did not know he was a member until very recently. As an unprejudiced outside observer he felt that the profession should take warning from the situation which developed so recently in regard to the chiropractic bill and prepare against such an action being repeated. That bill had failed to pass the State Legislature this time but would be brought up before the next Legislature and would be more difficult to control than it was this year unless the medical profession was prepared to meet the people who would fight it on the same grounds. One of the members of the Legislature had asked him why the profession did not fight the chiropractors, stating that they were present in Lansing with \$500 and why were not the medical men there. He thought that was one way in which activities might be of use and offered this as a hint to the House of Delegates. (Laughter).

#### NEW BUSINESS

Dr. Carl Moll, Flint, presented the following petition for the creation of a Section on Pediatrics

in the State Society (Petition to be filled in.) Referred to Business Committee.

Dr. Frank B. Walker, Detroit, introduced the following amendment: That Section 3, of Chapter IX of the By-Laws, relating to Standing Committees, which now reads: "The Committee on Public Policy and Legislation shall consist of three members appointed by the President," etc., be changed to read: The Committee on Public Policy and Legislation shall consist of five members appointed by the President and approved by the Council, representing the different portions of the State, the Northern, Southern, Western and Central portions. This Committee shall be authorized to instruct and represent this Society through its Chairman in co-operation with a similar Legislative Committee from the State Dental Society and the State Druggists Society in the interests of legislation concerning the three professions in the State of Michigan.

Referred to the Business Committee.

#### RESOLUTIONS

Dr. C. C. Slemons, Grand Rapids, introduced the following resolution: Inasmuch as the delegates to the A.M.A. give their entire time and attention to the business of the Michigan State Medical Society while in attendance at the American Medical Association meetings,

Therefore, Be it Resolved, that hotel expenses not exceeding \$10 per day and railway fare to and from the meeting place be paid by the Society.

Dr. A. W. Hornbogen, Marquette, moved the adoption of this resolution. Seconded.

Dr. W. T. Dodge, Big Rapids, said that under the By-Laws such resolutions must be referred to the Council as that body alone could authorize the expenditure of money. He offered the following amendment: That the House of Delegates recommend to the Council that hotel expenses of \$10 a day be allowed the delegates of the State Society.

Dr. Slemons accepted this amendment. Motion voted and carried.

#### MISCELLANEOUS BUSINESS

The President requested Dr. J. B. Kennedy of Detroit to tell the House of Delegates about the action of the State Senate.

Dr. J. B. Kennedy: Mr. President, Members of the House of Delegates: I have only recently arrived, I have just had my dinner, feel somewhat full and am not in the humor of talking—I mean full of dinner. (Laughter).

We of the Wayne County Legislative Committee did have some experience in helping to defeat the chiropractic bill and several other bills that were before the Legislature. I am somewhat sorry that you did not support the motion of the gentleman from Grand Rapids but just reverse the action and thank the Governor for what he did in preventing a revival of the bill after it had been once defeated and it was up again for reconsideration. Your President was present with myself and knows full well what the Governor's attitude was after a full explanation was made to him of what the meaning of the bill really was.



Now, gentlemen, I wonder how many of you really know just what that bill meant? I would like to have a show of hands. We are talking about a chiropractic bill that was defeated in the Senate. How many of you really know what the intent of that bill really was? How many of you know how dangerously near we came to having the chiropractors licensed to practice medicine and surgery in the State of Michigan? Do you know that Section 5 of the bill defined what chiropractics are? I venture that not more than one dozen of you know that Section 5 of that bill defined chiropractics as follows: "Chiropractic is declared to be a science which teaches that disease is the result of an anatomic disrelation." Now just think of it! (Laughter). Then there was a penal clause, Section 7, which set forth the penalty which should be fixed upon anyone who attempted to practice chiropractics in the State of Michigan, making this punishable by fine or imprisonment.

Now, gentlemen, just what is an "anatomic disrelation?" A sprained shoulder is an anatomic disrelation, a broken ankle is an anatomic disrelation, an enlarged prostate is an anatomic disrelation, an enlarged thyroid is an anatomic disrelation, and so on *ad infinitum*, and so under the chiropractic bill which passed the House unanimously and the Senate by a vote of 28 to 4 in favor, these two clauses were contained. There was also a section which defined what these chiropractors were to be educated in. They were to be educated in "chiropractic philosophy" (Laughter); there was something said about theology—I do not know what that meant—but it eliminated entirely bacteriology and the germ theory of disease.

Now after the bill had passed the House and had gone over to the Senate and was in the hands of the Senate Committee on Public Health we were assured that it probably would not be reported out of Committee. The Chairman of that Committee, however, went out of town and it was reported out. Then, as soon as it passed the Senate by a vote of 28 to 4 in favor of the bill Senator Johnson, who is sitting in the room, got active. (Applause). He telephoned to the Wayne County Legislative Committee and reported the necessity of getting some action. This was on Thursday. On Friday we sent a number of telegrams from the City of Detroit protesting the passage of the bill, and on that afternoon Senator Johnson succeeded in getting a reconsideration of that bill. Then the Legislative Committee of Wayne County got active and sent telegrams to the secretaries of the various County Societies throughout the State, the health officers of various large cities, advising them that the bill had already passed the House and Senate, that it was up for reconsideration and asking them to get in touch with their senators and point out to them the viciousness of the bill. That was done very promptly, and here let me express the gratitude and thanks of the Wayne County Committee for the support that came in from all parts of the State. On Monday morning telegrams poured in from all over protesting against the passage of this bill. On Monday the bill came up again and through the very clever coup of Sena-

tor Johnson the bill was finally defeated by a vote of 29 to 1. (Applause).

That was how it was done. The Chiropractors, however, did not give up the fight. It was true that they did everything they could and would do everything they could to get a reconsideration. About two o'clock the next morning we were called up by long distance by the representative of the Wayne County Committee who was on the ground, and were told that the Governor would like to have your President and myself come out for a conference. We went out and went into a conference about 7:30 in the evening, and remained in conference until midnight or after and thrashed the matter over from beginning to end. Finally the Governor said there would be no bill—and that was the end of it. (Prolonged applause). I do not think the Governor really understood before what the bill meant.

Now let me give you a few illustrations of what it did mean: The Legislature was trying to define by legislative enactment what disease really is. It utterly ignored the science of bacteriology and the germ theory of disease. Let us suppose a case: Suppose a child is born and two or three days later is discovered to have sore eyes. "What of it," one of the advocates of the bill would say, "the bill does not permit chiropractors to take care of obstetrics." It does not matter; suppose the mother was cared for by a midwife and when the sore eyes were discovered a chiropractor was called in. A scientific practitioner would know at once that it was a case of ophthalmia neonatorum, but a chiropractor—assuming it was an "anatomic disrelation"—would manipulate the child's spine to cure its blindness, and permanent blindness would be the result! Whose fault would this be? The mother, or the father? Not at all. It would be the fault of the Legislature for passing such a vicious law.

Now let me cite a case which is a fact: A few days before the bill was before the Senate a child in Highland Park had a sore throat. The child's mother called in a chiropractor, who at once discovered an "anatomic disrelation" and proceeded to manipulate the child's spine. The result was that the child died of diphtheria. Who was responsible? Not the mother, the father or the chiropractor, but the Legislature who would have passed such a bit of damnable, vicious legislation. (Applause). What would it amount to? From my viewpoint nothing less than potential murder. This case is not circumstantial but actually occurred in that suburb of Detroit.

Some of the advocates of the bill said "Only the fools who are chiropractors are opposed to the germ theory of disease." We said, "Who was the founder of this system—was it Dr. Palmer out in Iowa?" They said "Yes." Now Palmer is a man who had been a railroad foreman, who had had no scientific training whatsoever. Then we asked this man if he knew what Justice Hodgkins had to say about this bacterial theory at the time Palmer was questioned about this matter, when in answer to the question as to what he thought of the bacterial theory of disease Palmer said, "It is the most stupendous humbug of the age!" He said, "Blood counts, urinalyses, blood examinations, sputum examinations do not



amount to the snap of a finger." Then Justice Hodgkins said: "Do you gentlemen make a diagnosis before you proceed to treat your cases?" The answer was "no." (Laughter). "Why?" Then he said, "Because we don't have to. It does not make any difference to us whether a patient has smallpox, typhoid fever, scarlet fever, pneumonia, insanity, or anything else. We don't want to know what the patient was suffering from. We don't care for symptoms. We find the anatomic disrelation and we restore the proper relation, and we therefore restore the proper flow of the nerve force and the patient's life is saved." (Laughter). Now that is just as clear as mud isn't it? (Laughter and applause).

Now, gentlemen, just fancy what would have occurred if it had not been for the activity of Senator Johnson, who is in the room, in helping to defeat this measure. We are going to face it again next session just as sure as God made little apples, and we have to do something to organize and do something to prevent such legislation as that. We have some suggestions based upon the experience of your President and myself. We believe you should adopt something with a view of crystalizing an organization in the State of Michigan and demand that it be done, and I want that understood right now and here that it should come from this Society and not from anywhere else so far as the doctors are concerned, but we must found an organization so that we may defeat such damnable legislation before it passes both the House and the Senate as it did at the last session. (Prolonged applause).

D. C. H. Baker, Bay City, moved that the House extend a vote of thanks to Senator Johnson for his work at the State Legislature. Supported by several and unanimously carried.

The President: I am very glad to extend a vote of thanks to Senator Johnson, and am sure we would all be pleased to have him speak to us for a few minutes in regard to this bill. (Applause.)

Senator Johnson: Mr. President, and Delegates to the State Medical Association: "I wish to thank you for the compliments and your expressions of good will for the work which I accomplished through the hearty co-operation of the medical profession throughout the State. Without your help and hearty co-operation I would have been powerless to defeat this bill after it had passed the House and Senate. As Dr. Kennedy said, the telegrams poured in and that was what turned the tide in our favor.

I was much disappointed that the resolution commending the Governor did not receive support and pass this evening. Evidently someone has been misinformed. The Governor, I think, was rather passive in the matter of this bill. When you take into consideration that the bill passed the House with the roll call attached it means that it passed unanimously. Not a word was spoken in opposition to this bill in the House. It came to the Senate and we had been informed that the bill would not come out of committee. But eventually it was brought out with the amendment that the chiropractor would have to take a nine months' course each year for four years.

We thought that was reasonable and no one would object, but I was absent, as was the Chairman of the Committee, and when the bill came up for reading the amendments were taken off. As things were this year any bill that came from any of the professions could be passed—as they did pass. I returned on Wednesday and the bill was up for the third reading, which means a final passage. I arrived in Lansing about one o'clock, the bill came up about three and there was no chance to do any work before, but as soon as the bill passed with only four votes against it—it goes without saying that one of them was mine—I went to the telegraph office and sent the telegrams. The next morning telegrams began to arrive and senators from various districts came to me and began to ask questions. I did not tell them that I was responsible for the telegrams but I had no difficulty in getting the bill postponed for one day, and on Friday more telegrams kept coming in so I had no difficulty in getting it postponed for another day, and that left it until Monday, and when the bill finally came up on Tuesday it was defeated, as you know.

I had a conference with the Governor and the abettors of this bill and the Governor said he would sign a reasonable bill if it passed the House and Senate, meaning one to which the medical profession would have no serious objection. But when the Governor understood the viciousness of the bill he absolutely refused to bring about a reconsideration of the bill. (Applause).

The Secretary announced that Nominating Committee and the Business Committee would both go into conference immediately after the adjournment of the House of Delegates.

On motion duly seconded, the House adjourned to reconvene at 8:00 a. m. Wednesday.

## SECOND DAY

WEDNESDAY, MAY 25

The second session of the House of Delegates of the 56th Annual Meeting of the Michigan State Medical Society was called to order in the Masonic Temple, Bay City, at 8:30 a. m. Wednesday, May 25, 1921, by Vice-President, Udo J. Wile, Ann Arbor.

### REPORT OF COMMITTEE ON CREDENTIALS

The Committee reported a quorum present and the Chairman thereupon declared the House of Delegates duly constituted for the transaction of business.

### ROLL CALL

The Secretary called the roll.

### REPORTS OF COMMITTEES

*Business Committee:* Dr. R. L. Clark, as Chairman, presented the following report:

1. *Subject of Fees:* Our recommendation is that each County Society report to this Committee their status on the question of medical fees to be adopted as a State schedule on or before January 1, 1922, in order that this Committee may make a definite recommendation as to a fee schedule at the next Annual meeting of the State Medical Society in 1922.

2. *Amendment of Constitution relating to Legislative Committee:* We recommend the amendment of the Constitution increasing the number of members of the Legislative Committee from three to five, residing in the various parts of the State, to be appointed by the President, subject to the approval of the Council of the State Medical Society.

We further recommend that each County Society appoint a Legislative Committee whose Chairman shall keep in touch with the State Legislative Committee.

We further recommend that the State Legislative Committee be advised by this Society to affiliate, when it seems advisable, with other bodies to carry out legislation.

3. *Regional Clinics:* We recommend the endorsement of the report of the Regional Clinics Committee, except that portion relating to the establishment and maintenance of laboratories, which appears to this Committee as not being clearly stated.

4. *Civic and Industrial Relations:* Your Committee recommends the adoption of the report of this Committee and the accompanying resolution as read.

5. *Medical Education:* Your Committee recommends that the report be accepted as it appears in the Official Program of the Annual Meeting.

6. *Venereal Prophylaxis:* Your Committee recommends that the report be accepted as it appears in the Official Program of the Annual Meeting.

7. *Amendment of the Constitution relating to the Establishment of a Section on Pediatrics:* Your Committee recommends that the Constitution of the State Medical Society be so amended as to provide for the establishment of a Section on Pediatrics.

8. *Report to the House of Delegates:* Your Committee recommends the appointment by the President of a Committee of five to formulate a plan for the education of the public in respect to the advancement and progress of medical science, to report at the Annual Meeting in 1922.

9. We suggest that patients be advised in advance in respect to fees for special service.

Respectfully submitted and signed:

R. L. Clark, Chairman,  
Arthur F. Fischer,  
C. C. Clancy,  
A. V. Wenger,  
Chas. B. Tweedale.

#### ACTION ON REPORT OF BUSINESS COMMITTEE

The Secretary read the report paragraph by paragraph.

*Paragraph 1:* Dr. G. E. Frothingham, Wayne, moved its adoption. Supported by Dr. Carl Moll, Genesee. Carried.

*Paragraph 2:* Dr. J. A. Wessinger, Washtenaw, moved its adoption. Supported by Dr. C. A. Mitchell, St. Joseph. Discussed by Drs. B. G. Monkman, Wayne; Frank B. Walker, Wayne; O. L. Ricker, Tri; R. L. Clark, Wayne; John N. Bell, Wayne. Dr. B. G. Monkman requested a rising vote on the motion to adopt, which resulted in a vote of 32 to 1 in the affirmative.

At this point in the proceedings the Vice-

President surrendered the chair to President McLean.

*Paragraph 3:* Dr. J. D. Brook, Kent, moved its adoption. Supported by Dr. J. A. Wessinger, Washtenaw; carried.

*Paragraph 4:* Dr. John N. Bell, Wayne, moved its adoption. Supported by Dr. C. D. Brooks, Wayne; carried.

*Paragraph 5:* Dr. R. H. Nichols, Ottawa, moved its adoption. Supported by Dr. E. T. Morden, Lenawee; carried.

*Paragraph 6:* Dr. F. C. Kinsey, Kent, moved its adoption. Supported by Dr. J. D. Brook, Kent; carried.

*Paragraph 7:* Dr. J. D. Brook, Kent, moved its adoption. Supported by Dr. Carl Moll, Genesee; carried.

*Paragraph 8:* Dr. W. J. Wilson, Wayne, moved its adoption. Supported by Dr. J. A. Wessinger, Washtenaw; carried.

*Paragraph 9:* Dr. J. A. Wessinger, Washtenaw, moved its adoption. Supported by Dr. W. J. Wilson, Wayne; carried.

Dr. Udo J. Wile, Washtenaw, moved that the report be adopted as a whole. Supported by Dr. W. R. Clinton, Wayne; carried.

#### NEW BUSINESS

*Resolutions:* Dr. F. C. Kinsey, Kent, introduced the following resolution and moved its adoption:

Resolved, that the House of Delegates of the Michigan State Medical Society most heartily endorses and approves of the action of Governor Groesbeck and the Senate in rejecting the Chiropractic bill during the recent session of the State Legislature; be it further

Resolved, that the Secretary be instructed to wire a copy of this resolution to the Governor. Supported by Dr. A. W. Hornbogen, Marquette. Unanimously carried.

Dr. Frank B. Walker, Wayne, introduced the following resolution and moved its adoption:

In order that prompt action may be secured, be it Resolved, that the rules be suspended and the amendment to the Constitution relative to the Legislative Committee be given immediate effect.

Supported by Dr. F. C. Kinsey, Kent; carried.

The Secretary thereupon offered the following amendment to the Constitution and By-Laws in reference to the Legislative Committee: Section 3, Chapter IX of the By-Laws, to strike out in line 2 the word "three" and substitute therefor the word five.

Dr. Frank B. Walker, Wayne, moved that this amendment be adopted. Supported by several; carried.

The Secretary offered the following amendment to the Constitution and By-Laws in reference to the creation of a new Section: Section 10, Chapter IV of the By-Laws, which provides that the House of Delegates shall arrange for the division of the scientific work of the Society into appropriate sections, be amended to provide for a Section on Pediatrics.

Dr. Frederick B. Miner, Genesee; moved that this amendment be adopted. Supported by several; carried.

Dr. O. L. Ricker, Tri, called attention to the fact that there had been no report from the Committee on Tuberculosis at this session of the House of Delegates, and requested that the Business Committees take up the matter of stimulating the work of this Committee, and that the subject of tuberculosis be added to the Regional Clinics so that the public may become better educated in regard to tuberculosis.

Dr. Udo J. Wile, Washtenaw, called attention to the resolution which was introduced at the 1920 meeting of the Michigan State Society relative to the interpretation of the present venereal law, and reported that nothing had been done except that the Committee appointed at that time reported that the physicians of the State preferred to report their cases by name.

Dr. J. D. Brook, Kent, moved that the action taken by the House of Delegates at its 55th Annual Meeting in regard to the venereal law, requesting the State Council of Health to change Section 5, be referred to the new Legislative Committee of the State Medical Society. Supported by Dr. J. A. Wessinger, Washtenaw; carried.

On motion duly seconded the House of Delegates adjourned to reconvene at 8:00 a. m. Thursday.

#### THURSDAY, MAY 26

The third session of the House of Delegates of the 56th Annual Meeting of the Michigan State Medical Society was called to order in the Masonic Temple, Bay City, at 8:15 a. m., Thursday, May 26, 1921, by the President, Dr. Angus McLean, Detroit.

#### REPORT OF COMMITTEE ON CREDENTIALS

The Chairman reported a quorum present and the President thereupon declared the House of Delegates duly constituted for the transaction of business.

#### ROLL CALL

The Secretary called the roll.

#### REPORTS OF COMMITTEES

*Business Committee:* Dr. R. L. Clark, Wayne, as Chairman, presented the following report:

1. *Report of Committee on Amendment to Constitution and By-Laws submitted at the last Annual Meeting:* Your Committee recommends that Article VIII, Section 2, be adopted as printed in the Official Program except that portion rendering a Councillor ineligible for re-election.

2. We recommend the adoption of the various changes in the Constitution as introduced by J. D. Brook of Kent, as printed in the Official Program, with the exception of the correction of the typographical error, as follows: "Chapter VII, Section 1, of the By-Laws should read 'Article VIII, Section 3 of the Constitution' and 'Section 3 of the same Article' should read 'Chapter VII, Section 1 of the By-Laws.'"

3. *Financial Report:* Your Committee recommends the adoption of the Financial Report as published.

4. *President's Recommendations:* Your Committee recognizes the value of the President's recommendations in his address regarding the personnel of the Legislative and Fee Committees,

but we feel that these points have already been covered and adopted by the House of Delegates,

5. *Report of the Ethics Committee of the Wayne County Medical Society:* Your Committee recommends that this report be referred to the State Legislative Committee.

Respectfully submitted and signed:

R. L. Clark, Chairman,  
Arthur F. Fischer,  
C. C. Clancy,  
A. V. Wenger,  
Chas. B. Tweedale.

#### ACTION ON REPORT OF BUSINESS COMMITTEE

The Secretary read the report paragraph by paragraph.

*Paragraph 1:* Dr. A. W. Hornbogen, Marquette, moved that this paragraph be not approved. Supported by Dr. R. H. Nichols, Ottawa. Discussed by Drs. R. L. Clark, Wayne; A. W. Hornbogen, Marquette; W. T. Dodge, Mecosta. Motion voted and unanimously carried.

*Paragraph 2:* Dr. R. H. Nichols, Ottawa, moved its adoption. Supported by Dr. Carl Moll, Genesee; carried.

*Paragraph 3:* Dr. C. C. Slemons, Kent, moved its adoption. Supported by several; carried.

*Paragraph 4:* Dr. B. M. Davey, Ingham, moved its adoption. Supported by several; carried.

*Paragraph 5:* Dr. R. H. Nichols, Ottawa, moved its adoption. Supported by Dr. J. A. Wessinger, Washtenaw; carried.

Dr. John N. Bell, Wayne, moved that the report be adopted as a whole. Supported by Dr. Frank B. Walker, Wayne; carried.

The Secretary: The action of the House on the report of the Business Committee on the amendments to the Constitution and By-Laws submitted on pages 15 and 16 of the Official Program, making several changes, provides for the election by the House of Delegates of a Speaker and Vice-Speaker of the House.

Dr. C. C. Slemons, Kent, moved that the Nominating Committee report on candidates for these offices. Supported by A. W. Hornbogen, Marquette; carried.

The Secretary: There now comes before the House the appointment of a Committee on Fee Schedule to be composed of three members from the Council, two from the Surgical and two from the Medical Sections, to be known as the "Fee Schedule Committee" and to report at the next Annual Meeting. The House should by motion authorize the President to appoint such a Committee.

Dr. A. V. Wenger, Kent, moved that the President be authorized to appoint the Fee Schedule Committee suggested in his Annual Address, such Committee to report at the next Annual Meeting. Supported by Dr. H. W. Peirce, Wayne; carried.

#### NOMINATING COMMITTEE

Dr. J. N. Bell, Wayne, as Chairman, presented the following report:

Your Committee begs leave to make the following report: For President: The unanimous vote



of the Society was cast for W. J. Kay, of Lapeer. (Applause).

For First Vice-President: Dr. J. W. Hauxhurst, Bay City.

For Second Vice-President: Dr. E. Sawbridge, Stephenson.

For Third Vice-President: Dr. H. MacMullen, Manistee.

For Fourth Vice-President: Dr. H. A. Hafford, Albion.

For Councillors:

First District: Dr. F. B. Walker, Detroit.

Third District: Dr. R. C. Stone, Battle Creek.

Sixth District: Dr. H. E. Randall, Flint.

Seventh District: Dr. C. C. Clancy, Port Huron.

For Speaker of the House: Dr. J. D. Brook, Grandville.

Vice-Speaker of the House: Dr. Carl Moll, Flint

Meeting Place:

Invitations were received from Ottawa Beach and from Flint for the 1922 meeting. The Committee voted two to three in favor of Flint.

Respectfully submitted:

O. L. Ricker,

Carl Moll,

G. S. Gorsline,

R. H. Nichols,

J. N. Bell, Chairman.

#### ACTION ON REPORT OF NOMINATING COMMITTEE

The President requested the Secretary to read the report section by section.

*Section I:* Dr. B. G. Monkman, Wayne, moved that the Secretary cast the ballot of the House for the four vice-presidents nominated. Supported by several; carried.

The Secretary reported the ballot cast and the President declared the four nominees duly elected.

*Section II:* Dr. J. D. Brook, Kent, moved that the Secretary cast the ballot of the House for the councillors nominated. Supported by Dr. G. E. Frothingham, Wayne; carried.

The Secretary reported the ballot cast and the President declared the councillors for the First, Third, Sixth and Seventh Districts duly elected.

*Section III:* Dr. R. C. Andries, Wayne, moved that the Secretary cast the ballot of the House for Speaker and Vice-Speaker nominated. Supported by Dr. B. G. Monkman, Wayne; carried.

The Secretary reported the ballot cast and the President declared the Speaker and Vice-Speaker duly elected.

*Section IV:* Dr. Frederick B. Miner, Flint, moved that the recommendation in regard to a meeting place for 1922 be concurred in. Supported by several; carried.

#### NEW BUSINESS

The President appointed the following Legislative Committee: Dr. J. B. Kennedy, Wayne, Chairman; Dr. J. H. Meyers, Saginaw; Dr. G. L. LeFevre, Muskegon; Dr. C. D. Munro, Jackson; Dr. W. K. West, Painesdale.

#### RESOLUTIONS

Dr. J. D. Brook, Kent, presented the following resolution and moved its adoption:

*Whereas*, the time for holding meetings of the House of Delegates is inconvenient and interferes seriously with the rest period of its members and committee workers,

*Therefore, be it resolved* that the Secretary be requested to set the time for meetings of the House at a more dignified hour.

Supported by Dr. A. W. Hornbogen, Marquette; unanimously carried.

Dr. J. D. Brook, Kent, then presented the following resolution and moved its adoption:

*Be it resolved*, that the House of Delegates of the Michigan State Medical Society endorse the petition of the American Anesthetists Association to the House of Delegates of the American Medical Association for the establishment of a Section on Anesthesia in the A.M.A.

Supported by Dr. C. C. Slemons, Kent; carried.

Dr. O. L. Ricker, Tri, offered the following resolution; and moved its adoption:

*Resolved*, that the House of Delegates of the Michigan State Medical Society acknowledges its appreciation and keen enjoyment of the courtesy and hospitality extended by the local physicians, the Bay County Medical Society, the Mayor and citizens of Bay City and the daily press.

Supported by Dr. G. E. Frothingham, Wayne, and unanimously carried.

#### INSTALLATION OF OFFICERS

The President: Gentlemen, a great and serious change has taken place in the Michigan State Medical Society. The House of Delegates is to meet at a dignified hour (laughter) and have a Speaker and a Vice-Speaker. If the newly elected Speaker accompanied by the Vice-Speaker will come to the front we shall be pleased to hear from them. (Applause, "speech, speech.")

Dr. J. D. Brook, Kent: Mr. Chairman, Gentlemen: Little did I think a year ago, when at the request of one or two members I looked up the Constitution and By-Laws with a view of making this change and having a Speaker of the House of Delegates, that I was to be the goat (laughter), but inasmuch as you have burdened me with this office I will endeavor to fill it to the best of my ability. I will try to have the resolution that I introduced to have the meetings of the House at a more dignified hour brought about for the convenience of the members of the House. I will say that we will try to be on hand promptly. I will have my watch right and when the gavel drops the roll will be called. I have had some experience in the House of Delegates of the American Medical Association and it strikes me very favorably. The time set for the meeting is 9:00 o'clock and when that hour comes the gavel drops and business begins, and it keeps on until the business is finished, whether it takes one hour or six hours. It keeps going rapidly and consecutively and I think that is the way to do it. I believe we can accomplish more and think everybody will be better satisfied.

I thank you for the honor you have bestowed upon me in presenting me with this job. (Applause).

Dr. Carl Moll, Genesee: Gentlemen: I am a little like the Speaker. This honor came very unexpectedly, but I wish to thank you for your expression of confidence and to heartily second all the Speaker has said. I am in somewhat the position of the very prominent man who was called up by telephone one morning by a well-known society woman, who said: "Mr. Blank, we want you to be Vice-President of our Society. Will you accept the honor?" He replied, "Why, yes, Madame; I'm great for anything that vice is connected with. But, by the way, just what is your Society?" and the lady replied—"It's the Society for the Advancement of Social Purity." (Laughter and applause.)

As this concluded the business of the 56th Annual Meeting, the House of Delegates, upon motion duly seconded, adjourned *sine die*.

#### ORGANIZATION OF SECTION ON PEDIATRICS.

The members interested in the organization of the newly authorized Section on Pediatrics met in the Masonic Temple, Bay City, after the adjournment of the House of Delegates, and were called to order by the Secretary of the State Society.

Announcement of the authorization of the Section by the House was made and the Secretary entertained nominations for the election of Section officers.

Dr. Carl Moll, Genesee, moved that Dr. F. B. Miner, Genesee, be made Chairman for one year. Supported by Dr. R. L. Clark, Wayne; carried by unanimous vote.

Dr. Carl Moll, Genesee, moved that Dr. Lafon Jones, Genesee, be made Secretary for a term of two years, in accordance with the Constitution and By-Laws. Supported by Dr. George K. Sipe, Wayne; carried by unanimous vote.

#### FIRST GENERAL SESSION.

The First General Session of the 56th Annual Meeting of the Michigan State Medical Society was called to order in the Baptist Church, Bay City, at 10:20 a. m., Wednesday, May 25, 1921, by the President, Dr. Angus McLean, Detroit.

#### INVOCATION

Rev. J. Roy Van Wyck.

Oh, great and eternal spirit God, in whose sight all families of the earth were to be and have been blessed, called the Nazarene Father, to whom all nations have come and have called Thee Lord of All, look in the plenitude of Thy mercy upon us assembled here, of various faiths but sharing the honorable and great profession of ministering to humanity in it's need. Be Thou the guide and inspiration and influence of this convention here assembled. As these Thy servants review the great responsibilities that are theirs in caring for the physical needs, may Thy all-present spirit provide and strengthen in them the humanitarian impulse to see that poverty may be no

handicap in the way of receiving the best of skill. We thank Thee for the service of these Thy children in saving life. May they save their own souls as they lose themselves in their profession. Save them from that Spiritual loss which they may sacrifice in their service. May these servants of Thine permit medicine and religious faith and means to go hand in hand in the daily ministering to soul and body, that there may be a sound mind in a sound body. All of which we ask in the name of the Great Physician, Jesus Christ, who taught us all to say—

Our Father, who art in Heaven, hallowed be Thy name. Thy Kingdom come, Thy will be done, in earth as it is in Heaven. Give us this day our daily bread and forgive us our trespasses as we forgive those who trespass against us. Lead us not into temptation but deliver us from evil, and Thine be the power, and the glory and the honor, forever and ever. Amen.

#### ADDRESS OF WELCOME

Dean M. McMillan, Acting Mayor of Bay City:

Mr. President, and Gentlemen of the State Medical Association: This is the only occasion upon which I am the acting mayor of Bay City. I hold another position under the City Government, but owing to the Mayor having been summoned to attend a special session of the Legislature, of which he is a member, I came here at his express request, and also at his express request I extend a hearty and sincere welcome to this City.

We are glad to have you with us and to entertain you, and we think it an honor that you should be here. We are glad the sun shines upon you and hope the day may be an indication of a bright meeting of your Association.

Bay City, we feel at present is in a very satisfactory and progressive condition. There was a time when Bay City seemed to be asleep. One of the manufacturing lines of the country a few years ago made a survey to see if this would be a suitable place for one of its branches and the report which went back—which was not made public at the time—was that Bay City was deficient in three things: It lacked pure water, it had an inadequate school system, and its form of City Government was obsolete. We are proud to say that we think those three things have been rectified and removed. Bay City has taken provision to get an adequate water supply at an expense of over three million dollars in bonds which have been authorized by the people, and work will soon commence. That removes that blot upon the prospects of this city.

The inadequate school system has also been remedied. You will see a fine new high school being erected on Columbia avenue. The work is being delayed just now on account of the use of the funds provided, but a special session has been called for the purpose of completing the funds, which will furnish us one of the best high schools in the State, and with that goes improvement of the entire school system.

Bay City has also recently installed a new City Government and has a charter which took effect

the first of April. A new City Manager has just come to take his place in the City affairs, to manage the City, and give it what the citizens hope will be a progressive, up to date form of City government.

We think that with these improvements we have established a City that will be second to none of its size in the United States. It is to this City that we welcome you, and we hope that your stay among us will be profitable and pleasant. (Prolonged applause.)

#### ADDRESS OF WELCOME

Dr. G. M. McDowell, President, Bay County Medical Society:

Mr. President, Fellow Members of the State Society: Our honorable Acting Mayor has on the part of the Mayor welcomed you to Bay City. It now remains for me, on account of the Bay County Medical Society, to extend a welcome. The members of our Bay County Medical Society are at your service. If you need a room they will find one for you. If you need anything all you will have to do will be to make your wishes known.

When I am called upon to make a speech or an address I am reminded of the superintendent of a normal school down in my old home in Ohio. He seemed to specialize in dedicating country school houses. For a period of forty or fifty years he did this, and he said in beginning his address that as long as he said nothing about the dedication, and nothing about the school house, he felt that he was making a very satisfactory address. (Laughter). Probably if I avoid my subject the speech will serve the same purpose.

We of the Bay County Medical Society have felt during the past year or two very proud of the fact that we have in our membership one of the original charter members of our State Society. If I am rightly informed there are only two living charter members of our State Society. They are Dr. Theodore McGraw of Detroit and Dr. Henry B. Landon of Bay City. As I understand the matter, it was fifty-five years ago—of course that is not very long and most of you remember back that far, or further (laughter), but my recollection is a little faint of the time when our State Society passed through the embryological stage of its development. Anyway, we are proud of having one of the charter members with us. Dr. Landon was the seventeenth to sign the State Charter. When he came home from the organization meeting at Detroit he first grouped the counties Bay, Arenac and Iosco and formed this local Society which he named the Bay County Medical Society. Geographically our Society is the same to-day as before. A short time later he went North and organized the O.M. C.O.R.O. Society, composed from six counties that comprise it—Oscoda, Montgomery, Crawford, Otsego, Roscommon and Ogemaw. Ogemaw

county is where we in Bay City have been getting our choicest supply of liquid food in the last few years (laughter) in the shape of H<sub>2</sub>O, or aqua pura. Dr. Landon is yet a man who can be described as vigorous, robust and progressive. He just recently made a trip to California and is still "one of the boys." Dr. Landon was always willing to go on foot and out of his road to advance the profession of medicine, and it was such men as Dr. Landon who placed the Michigan State Society on the boards.

Our medical press during the last few years has criticized the medical profession for not spending a sufficient time in recreation and pleasure. We in Bay City have adopted what we call the "Australian plan," dividing the day in three parts. Eight hours for work, eight for rest, and eight for recreation, as they do in Australia, and quite a few of us divide the eight hours for recreation between the golf course, the base ball park and the Board of Commerce Club, and there is hardly a day in the year but what the members of our Medical Society are represented at some of these places for recreation and relaxation. We enjoy these recreational centers practically every day in the year, and we want all of you to enjoy them during your stay in the City.

As President of our Bay County Medical Society, I take pleasure in transferring all these places to you for this meeting, and at any future time when you come to our City we shall be pleased to see you around and have you enjoy these places with us. (Applause).

#### RESPONSE TO ADDRESSES OF WELCOME

President Angus McLean.

Gentlemen: If Dr. Landon were present I would ask him to come forward so that we all might make his acquaintance, but he is not present. It is quite an honor for any county to have one of the original signers of the Charter of the State Medical Society, and I am sure we would all appreciate meeting Dr. Landon.

From the addresses you already know that you are in a perfectly satisfactory city, where they have few Protestant policemen and many pleasant things and all will be allowed to enjoy them. I know some of you were pleased to learn that the water supply was now satisfactory, because some brought something with them in case it was not (laughter) but the supply did not last long because of the rain last night (laughter).

I will not say much for we all know how welcome we have been made. I want to thank the Government of Bay City and the Bay County Medical Society, especially its President for the splendid arrangements they have made. Perhaps before we are through we may be able to do something a little more formally for the Bay County Society. (Applause).

We will now listen to the report of the House of Delegates.

#### REPORT OF THE HOUSE OF DELEGATES

Dr. Frederick C. Warnshuis.

The House of Delegates met in formal session



last evening, at which time the various Committee reports were received.

The House met again this morning and passed upon recommendations, the most important of which is the creation of a Section on Pediatrics, making five sections. They increased the personnel of the Legislative Committee from three to five, to be appointed by the President subject to the approval of the Council. They also authorized a new Committee consisting of five members selected from various parts of the State for educating the public in regard to the achievements of the medical profession.

A telegram was formulated expressing the thanks of the Society to Governor Groesbeck for his action in regard to recent medical legislation which took place at Lansing.

#### PRESIDENT'S ANNUAL ADDRESS

Dr. Angus McLean, Detroit.

(See June Issue.)

President: As Dr. Victor C. Vaughan was unable to be present to deliver an address, the President requested Dr. J. B. Kennedy to speak for a few minutes on the recent legislation.

#### ADDRESS

Dr. J. B. Kennedy, Detroit: Mr. President, Ladies and Gentlemen: The suggestion that while we are here in Bay City we may have anything we want I assure you is very welcome, and inasmuch as I have not yet accepted his suggestion it is perfectly safe for me to talk and you may be sure I will not say anything that it would not be safe to have in a report (laughter). I am going to get in touch with Dr. McDowell, though, and ask him to come around to room 350 in the hotel where I am stopping and bring me a little Ogemaw water! (Laughter and applause). I am rather surprised at that invitation being extended from the pulpit of a Church, but it shows the tendency of the times to be progressive in everything.

Dr. McLean hit the nail fairly and squarely on the head when he said that there was a lot of work going on to undermine scientific medicine and surgery. He was also right in saying that scientific medicine was established a little over thirty years ago—thirty-eight years ago this month, because it was the 30th of May, 1883, that Pasteur made his experiments upon a farm in France in which he proved beyond any doubt his theory regarding the treatment of anthrax. In 1885 he brought out his treatment for rabies. In 1892 Koch published his first article on the treatment of diphtheria. In 1894 at the International Convention Ruhl (?) read a paper describing his results after clinical observations in the treatment of diphtheria. There happens to be in this room at present a gentleman whose father was present at that famous meeting. I have reference to Dr. Vaughan of the Health Department of Detroit. I remember Dr. Vaughan, Senior, told me that it was the most enthusiastic meeting he ever attended, that the audience rose to its feet and cheered for nearly five minutes when this report was made.

Since that time the practice of medicine has been raised from the realm of empiricism which

was practiced by the ancient Greeks to a scientific basis. We have gotten along fairly well since the establishment of the germ theory of disease. Think of what was done in the Panama Canal Zone. Through the practice of bacteriology the Canal Zone was changed from an uninhabitable country to an actual health resort. Think of what has been done in the South in the treatment of typhoid and malarial fever and the various contagious and infectious diseases. Think of what was done in all the armies of the allies in the late war in reference to typhoid fever. It is wonderful when we stop and think of it, and yet there is now this insidious propaganda against the scientific foundation on which our profession rests to-day.

I wonder how many of you saw this article in the daily press a few days ago—"Germ as Disease Cause Ridiculous?" The article is as follows: "Washington, May 18, 1921. Dr. Walter R. Hadwen, President of the British Union for the abolition of Vivisection, precipitated a clash with Dr. George W. McCoy, director of the Federal Hygienic Laboratory, here last night when he asserted at a meeting under auspices of the National Society for Humane Regulation of Vivisection, that epidemic diseases were often the result of preventive inoculation.

"Dr. McCoy characterized the statement from the floor as "a damnable lie," and Dr. Hadwen demanded that Dr. McCoy "prove the lie."

"Dr. Hadwen asserted that the germ theory of disease would be completely upset within another decade, the medical profession recognizing that disease germs were the result rather than the cause of disease. He said inoculation for disease is the "most ridiculous assumption ever introduced into a sane world."

That means that epidemic diseases are definitely the result of auto-intoxication, and that is just an example of what is going on every day. It came pretty close to us a few weeks ago here in Michigan, as was stated by the President. The chiropractor bill, which passed the House unanimously, with the roll call attached, and which passed the Senate by a vote of 28 to 4, had absolutely no provision in it recognizing the germ theory of disease. In the discussion in Governor Groesbeck's office at which Dr. McLean and myself were present, Dr. McLean advanced that as one of the reasons why we were opposed to the bill. That raised the question of the State of Michigan raising a fund every year for preventing the spread of infectious diseases. One of the proponents of the bill said that "only mutts among the chiropractors do not recognize the germ theory of disease." Then we quoted this statement, "The germ theory of disease is the most stupendous humbug of the age"—a statement that was testified to by Dr. Palmer, the founder of the chiropractic school. This bill was passed by the House and Senate but was defeated owing to the work of our Senator, Dr. Johnson. I think I can now say on behalf of the Wayne County Medical Society, and on behalf of the President who signed the telegrams, we are exceedingly grateful to the profession all over the State for their help in defeating this vicious legislation. (Applause). The President has already suggested

the remedy: co-operation and concentration of effort. We will have to reform our ethics a little and have to look at things a little differently from thirty-five to forty years ago. We now have to apply our ethics in a practical way—not alone in the interests of our profession, but in the interests of the people who employ us, the people of the State of Michigan. We have to play the game of politics whether we like it or not. I know the average doctor does not like the term "politician," but what does it mean? It comes from the Latin and means *politicus*, applying to the citizens of the State. It means being sagacious and wise in promoting the best interests of the country. It has a good sense, prudent; and a bad sense, artful and unscrupulous. Let us play the game of politics in the good sense in the interests of suffering humanity, whose interests and whose cares are in our hands. Let us be decent about it. If we have something to sell, let us adopt the plan of the modern business and the modern professional man. Let us tell the people what we are doing and attempting to do for them, and let us tell the people about all of these vicious statements that are being circulated constantly throughout the country. Are we going to do it? Gentlemen of the profession—it is up to you! (Prolonged applause.)

President McLean: I am sure we would all be very glad to listen if Senator Johnson would say a few words to us. (Applause.)

Senator Johnson: Mr. President, Members of the Michigan State Medical Society, Ladies and Gentlemen: This has indeed been a pleasure to me to-day. I think I occupy somewhat the same position as we do sometimes in relation to our patients. I think the greatest humiliation we get from our work is an appreciation for services rendered, but this appreciation offered me to-day is an ample remuneration for anything which I might have incurred during my term as a legislator.

I wonder if I do not occupy the same position on this program as the cook at a Chinese banquet—I might have been called upon to "fill up the chink." (Laughter.)

We should all take this medical legislation in a serious mind. The matter of proper propaganda is of much importance, but the final analysis is the vote, and in order that we may have the vote and get across the desired legislation it is necessary that we should sound out the men who aspire to the various offices of the legislature and learn their attitude towards the legislation which we desire. This legislation is not only for the medical men but for the equal benefit of the citizens of the State who ultimately will suffer if those various cults predominate.

We had a concrete example of what the medical profession can do in the influence which was brought to bear to defeat the chiropractic bill. I do not wish to assume that I had more than a little to do with the defeat of that bill. It was the hearty response of the medical profession when the S.O.S. was sent out which enabled me to stave the bill off for further consideration. With such an organization as has been suggested here, if you will become active and each individual will constitute himself a committee of

one to sound out the men in his community who are candidates for office, and get them on record in a positive manner so that you will know what to expect, you can accomplish much. If they do not prove true to their trust you will know what to do next time they come up. Men who have been in office certainly fear public opinion and 'the people back home,' and there are no men who exercise the same influence in any community as do the medical men. You reach into each home and in that home you have a great deal of influence. If you say a certain man is qualified for a certain position it will have much influence when the man or woman goes to the polls to cast their vote.

I am glad I was in the Senate and had an opportunity to do a little in the service, which I consider was a real service, to the medical profession and to the State of Michigan. (Prolonged applause.)

#### NOMINATIONS FOR PRESIDENT.

Dr. Herbert E. Randall, Flint: I do not think it would be safe to nominate a specialist (laughter). I have in mind a family physician. I think he is an ideal man and his term as Councillor expires to-day. I have known him for a quarter of a century and think he has more friends throughout the State than any other man I know. I am referring, Mr. President, to Dr. William J. Kay, of Lapeer. (Applause). I wish I had the vocabulary of Dr. Kennedy to tell you all the nice things I think of Dr. Kay, but you will just have to take my word for them. (Applause.)

Dr. Louis W. Toles, Lansing: I did not know until this minute that Dr. Kay was to be nominated, but I wish to endorse him most heartily.

Dr. W. J. DuBois, Grand Rapids: I have known Dr. Kay for many years and know he is a hard worker. I take great pleasure in endorsing him.

Dr. Udo J. Wile, Ann Arbor: Mr. President, I move that the nominations be closed. Seconded and carried.

The President declared the first general session adjourned at 12:00 M.

#### THIRD GENERAL SESSION.

The third General Session of the 56th Annual Meeting of the Michigan State Medical Society was called to order in the Baptist Church, Bay City, at 11.45, Thursday, May 26, 1921, by the President, Dr. Angus McLean, Detroit.

#### REPORT OF THE HOUSE OF DELEGATES

The Secretary offered the report of the House of Delegates at its last session.

#### REPORT OF ELECTION OF PRESIDENT

Dr. John N. Bell, Detroit.

There was only one nominee for President, Dr. W. J. Kay, of Lapeer, who received 438 votes. (Applause.)

#### INTRODUCTION OF NEW PRESIDENT

The President requested Drs. Dodge and Stockwell to escort the newly elected President to the platform.

Dr. McLean: It is a great pleasure to introduce to you a man so well known to the Society. Dr. Kay comes from the same nationality that I do—the Irish (laughter)—and it is with much pleasure that I introduce him to you. (Prolonged applause.) (Cries of "Speech, speech.")

Dr. Kay: I very much appreciate this honor and consider it the greatest honor that I have had conferred upon me, or can have conferred upon me, for I think no physician can receive anything in this world to equal the confidence of his fellow physicians. It is something to be desired in a community and in a State, and when my fellow physicians confer upon me the presidency of the State Society I think there is nothing for me to wish for. Of course, I never hope to fill the shoes of the retiring President. There is a saying among his particular friends that "you can't lose Angus" (laughter)—I probably could be lost, so I have no hope of ever filling Dr. McLean's shoes. There is a saying among the Scotch that "Where McLean sits there is the heat of the feast always," but that does not pertain to the Kays.

I have nothing to say now but at the end of my term I may inflict something upon you.

In this meeting of our Society I have sensed a spirit of life that I never felt before. We came through a baptism during the last session of the Legislature and that is a good thing many times, and I think it is a good thing for us perhaps. But with the feeling that he is going to put the things that is past history. We have had our troubles and our flare-ups and our differences, but we will put those things behind us and go forward to a renewed and united effort.

Let each man here go home to his community across that the medical profession stands for. There he is not going to allow himself to be knocked down and stepped on before he asserts himself. Let each of us go home and begin tomorrow, or to-night if necessary, to lay plans to insure the success of whatever the profession stands for in Michigan. I have always contended, and I know it is true, that we can do what we wish to do, provided we are united and apply ourselves to the test. The medical profession never stands for things that are selfish but we are often placed in that light by traitors. We cannot publish our work and speak of it but we can do a lot more than we do and do it ethically, and if we apply ourselves to that we will succeed.

My first advice to you as President is that each of you go home to your community and be a real, active influence in that community for the things that the medical society of Michigan stands for. I thank you. (Continued applause).

Dr. McLean: After these few remarks from Dr. Kay I am sure the Society feels more than ever convinced that it has chosen the right man for the right thing at the right time—although the times are dry. I know he will give this organization some inspiration.

Dr. J. B. Kennedy, Detroit: I want everybody to carry out in a practical way the message the New President has just given us. I commiserate the Society upon my appointment as Chairman of the Legislative Committee, but let me say very

briefly that we have had a meeting already. We began to function within ten minutes of the time we were appointed. We have begun to raise funds, we have a secretary, and we figure that we will expect of the County Societies an average contribution of \$2.00 a member this year. I have great pleasure in announcing that as I was walking along the street a few minutes ago I approached a gentleman and told him we needed funds to carry on this work, and he said "Put me down for \$500.00 for this year," so you see we are getting started. (Applause.)

Dr. McLean: I am glad we have heard the report of the newly elected Chairman of the Legislative Committee. I think he must have read the Detroit Free Press this morning which announces that a "Medical Clinic" will be given by the chiropractors (laughter) in Jackson. It may even be that the Chairman of our Committee helped them to select their place of meeting, but I think he has the right spirit and is started in the right direction.

As this concludes the business of the Annual Meeting I now declare the session adjourned *sine die*.

#### REGISTRATION.

Alpena—Leo F. Secrist, D. A. Cameron, C. M. Williams, A. R. Miller, A. E. Bonneville, L. T. Bell.

Antrim-Charlevoix-Emmett—W. H. Parks, B. B. Armstrong, B. H. Van Leuven.

Barry—F. T. Andrews, C. S. McIntyre.

Bay—E. F. Crummer, A. D. Allen, C. F. Roche, V. T. Tupper, R. E. Scrafford, D. G. Smith, E. A. Hoyt, M. M. Ely, C. M. Swantek, C. A. Stewart, Edward Warren, H. M. Gale, H. P. Lawrence, W. E. Loud, J. M. Jones, A. O. Speckhard, J. W. Gustin, C. L. Hess, C. W. Baker, C. W. Ash, Morton Gallagher, T. A. Baird, J. H. McEwan, J. McLurg, M. R. Slatery, Huckins, W. G. Kelly, F. S. Baird, J. N. Slatery, J. L. Millard, G. E. Andrews, R. W. Brown, W. R. Ballard, J. W. Hauxhurst, J. C. Grosjean, P. R. Urmston, V. H. Dumond, Albert Stealy, G. M. McDowell, C. A. Traphagen, R. H. Criswell, G. W. Moore, A. J. Zaremba, L. F. Foster, A. W. Herrick.

Berrien—J. F. Crofton, C. A. Mitchell.

Calhoun—T. L. Squier, J. T. Case, A. E. MacGregor, B. N. Colver, W. F. Martin, C. E. Stewart, M. J. Capron, L. V. Stegman, W. T. Morrison, A. A. Hoyt, M. A. Farnsworth, R. C. Stone, C. S. Gorsline, W. S. Shipp, W. G. Godfrey.

Cheboygan—C. B. Tweedale.

Clinton—W. A. Scott, W. B. MacWilliams, A. O. Hart, F. E. Lutton.

Eaton—S. A. Stealy.

Genesee—H. W. Knapp, A. A. Peterson, H. S. Randall, C. G. Moll, H. D. Knapp, G. J. Curry, G. K. Pratt, J. H. Charters, M. W. Clift, J. W. Orr, H. A. Stewart, R. D. Scott, R. S. Morrish, W. H. Marshall, Max Burnell, Lafon Jones, W. DeKleine, L. M. Bogart, M. S. Knapp, D. D. Knapp, A. S. Wheelock, E. G. Dimond, D. C. Bell, F. B. Miner, W. Whitaker, D. L. Treat, W. J. Wall, J. G. R. Manwaring.

Grand Traverse-Leelanau—A. C. Wilhelm.

Gratiot-Isabella-Clare—W. M. Drake, I. N. Brainerd, E. M. Highfield, T. J. Carney, L. J. Burch, C. M. Baskerville, C. D. Pullen.

Hillsdale—T. H. E. Bell, B. F. Green.

Houghton—W. K. West, R. S. Buckland, A. F. Fischer, J. G. Turner.

Huron—W. Meddaugh, C. W. Armitage, C. M. McLean, F. B. Van Nuys, K. M. Morris, F. C. Wiley, W. B. Holdship, H. S. Watson, A. J. Howell.

Ingham—G. Bauch, O. H. Bruegel, L. W. Toles, C. L. Barber, H. S. Bartholomew, Samuel Osborn, J. A. Humphrey, Milton Shaw, F. J. Drolett, B. M. Davey.

Ionia—A. B. Penton, G. A. Stanton.



Jackson—G. Pray, T. E. Hackett, C. R. Dengler, M. N. Stewart, C. D. Munro, W. L. Finton, L. J. Goulet, H. B. Neagle.

Kalamazoo—A. W. Crane, L. J. Crum, L. H. Stewart, T. V. Rogers, C. E. Boys, E. P. Wilbur, D. H. Eaton, J. B. Jackson, C. H. McKain.

Kent—J. B. Whinery, T. W. Hammond, Ferris Smith, G. D. Houghton, Merrill Wells, E. N. Nesbitt, Alden Williams, R. R. Smith, A. M. Campbell, E. P. Currier, E. J. Byers, A. C. Butterfield, R. J. Hutchinson, G. H. Southwick, V. M. Moore, R. Webb, S. L. O'Brien, F. H. Shorts, C. H. Johnston, R. H. Spencer, W. J. DuBois, J. D. Brook, A. V. Wenger, C. C. Slemons, F. C. Warnshuis, F. C. Kinsey.

Lapeer—J. H. Burley, L. A. Traphagen, A. O. Boulton, D. J. D'Brien, W. J. Kay.

Lenawee—E. T. Morden.

Macomb—J. E. Curlett, J. M. Croman, H. H. Wiley, V. H. Wolfson, G. A. Persson.

Manistee—W. E. Coates.

Marquette—Alger—D. Littlejohn, C. P. Drury, I. Sicotte, A. W. Hornbogen.

Mecosta—B. L. Franklin, J. L. Burkart, W. T. Dodge.

Menominee—E. Sawbridge.

Midland—G. Sjolander, J. H. Sherk, G. E. Orth, E. J. Dougher.

Monroe—H. W. Landen, C. T. Southworth.

Montcalm—F. H. Ferguson.

Muskegon—C. J. Addison.

Oakland—Peter Stewart, A. L. Brannack, F. A. Baker, L. A. Farnham, A. B. Corbit, R. H. Baker.

O. M. C. O. R. O.—L. R. Ingleright, F. E. Abbott.

Ottawa—A. Leenhouts, W. G. Winter, R. H. Nichols.

Saginaw—W. F. English, R. S. Watson, W. H. Brock, J. W. Hutchinson, N. F. McClinton, B. B. Rowe, M. Kollig, C. H. Sample, F. Edelman, L. C. Harvie, F. W. Ostrander, J. A. McLandress, R. M. Kempton, M. D. Ryan, T. L. Ryan, A. E. Leitch, T. H. Ferguson, R. S. Jiroch, F. J. Cady, J. H. Hudson, E. M. Ling, E. E. Curtis, Arthur Grigg, G. L. Tiffany, H. J. Meyer, E. M. Hunsberger, G. F. Clark, H. M. Leach, F. W. Freeman, W. L. Slack, C. E. Toshach, A. R. McKinney, J. D. Bruce.

Sanilac—D. D. McNaughton.

Shiawassee—A. S. Arnold, Jr., W. E. Ward, L. D. Hixson.

St. Clair—T. Heavenrich, C. C. Clancy, T. E. DeGurse, J. A. Attridge, C. A. MacPherson, C. B. Stockwell, W. G. Wight.

Tri—O. L. Ricker, J. F. Gruber, G. D. Miller.

Tuscola—C. N. Race, R. L. Dixon, N. H. Jackson, W. G. Sugnet, F. L. Morris, J. G. Maurer, C. W. Clark, J. E. Handy, S. B. Young, C. G. Johnson, E. A. Orr, W. G. Spohn, A. T. Seeley.

Washtenaw—Conrad Georg, Kenneth Noble, U. Wile, J. A. Wessinger, H. W. Emerson, C. C. Hyde, J. L. Garvey, R. Peterson, A. D. Wickett, C. D. Camp.

Wayne—W. A. DeFoe, J. L. Chester, E. J. Bernstein, C. C. McClelland, J. E. Davis, J. A. McGarvah, Neil Bentley, Emil Amberg, W. A. Potter, J. C. Dodds, B. R. Shurly, L. C. Donnelly, D. A. Campbell, G. Van Rhee, J. Everett King, F. Starkey, G. C. Chene, F. F. Ferris, A. S. DeWitt, R. E. Mercer, J. R. Rupp, H. H. Sanderson, Robert Rosen, S. E. Barnett, L. W. Haynes, J. S. Wendel, J. M. Stanton, W. F. Walker, R. S. Dixon, G. H. Healy, C. S. Kennedy, Worth Ross, E. W. Caster, E. P. Mills, W. F. Metcalf, R. F. Foster, W. B. Kay, R. L. Clark, G. H. Palmerlee, C. Emerson Vreeland, H. L. Clark, G. Sewell, W. Fowler, B. Friedlaender, H. A. Freund, R. Walker, R. H. Pino, C. L. Straith, N. Ginsburg, R. Connor, D. J. Levy, G. L. Connor, G. H. Wood, H. B. Garner, H. M. Malejan, R. Beattie, D. A. Cohoe, W. N. Braley, W. C. Stevens, F. N. Blanchard, G. M. Houghton, D. M. Campbell, H. F. Vaughan, B. N. Estabrook, W. R. Parker, N. O. LaMarche, P. M. Hickey, J. B. Kennedy, A. W. Blain, W. J. Cassidy, R. E. Loucks, Angus McLean, J. N. Bell, W. M. Donald, H. W. Yates, H. I. Kedney, F. B. Tibbals, H. L. Begle, J. D. Matthews, R. C. Andries, J. H. Andries, H. W. Peirce, W. Clinton, D. A. LaFerte, W. Y. Kennedy, H. Wilson, H. W. Plaggemeyer, N. M. Allen, W. F. Seeley, Henry R. Carstens, W. D. Mayer, L. J. Hirschman, C. F. Kuhn, W. T. Wilson, R. G. Owen, B. D. Harison, F. B. Walker, W. L. Hoskins, G. K. Sipe, H. L. Ulbrich, H. N. Torrey, G. L. Kiefer, G. C. Penberthy, L. I. Condit, G. E. Frothingham, B. Monkman, J. Hamilton Charters, R. L. Schorr, J. F. Hartz.

Public Health—Bruce Millar, F. M. Meader, R. L. Kahn, William C. Hoad, Elsa T. Schuereen, Grace Ross, Clara A. Stevens, H. F. Roman, E. L. Gamble, R. W. Pryer, G. F. Palmer, F. E. DeVoist, F. O. Adams, C. C. Young, B. Moll, J. R. Pollock.

Exhibitors—Victor X-Ray Corporation, J. P. DeMerse, Chicago, Ill.; Medical Protective Co., C. W. Garwood, Fort Wayne, Ind.; C. A. Roth, Michigan Mutual Hospital; A. J. Machay; The Kolynos Co., A. G. McGinn, New Haven, Conn.; Horlicks Malted Milk, J. Hanson, Racine, Wis.; R. G. Fordyce, Chicago, Ill.; R. J. Gordon, Dorchester, Mass.; American Surgical Specialty Co., H. Thomedsan, Chicago, Ill.

Guests—M. P. Ravenel, T. Hubbard.

Visitors—C. D. Selby, R. W. Elliott, A. R. Lincoln, Elizabeth Verbeck, Lillian Nichols, J. G. Blue, H. L. Oakley, S. L. Morgans, L. B. Harrison, Elba L. Morse, I. Armstrong, C. W. Harris, G. O. Farrant, A. V. Schiffer, Allen Shoenfield, C. A. Butts, G. A. Blakeslee, W. F. Petrie, C. F. Karshner, W. J. V. Deacon.

## POSSIBILITIES OF SUBNORMAL GIRLS.

Training is the key to the situation. A large proportion of the borderline cases will never be cared for in institutions. Their training should begin in the special classes of the public schools. From there the natural step would be directly into some form of occupation, under the guidance of the after-care worker. Agriculture, domestic service, and simple routine factory work are the types of occupation best suited to them. Industrial work, without training or supervision, will not produce satisfactory results. If the industry is unwilling to assume the expense of training such a group of workers, it would be well worth while for the state to pay the salary of a director, as is often done in Americanization

classes, leaving the industry to provide the work and the overhead.

There is no more practical or less expensive method of providing for the large numbers of defectives who must remain in the community. We know that they are incapable of assuming responsibility. They are children who will never grow up. The majority of them are not vicious. They are potential criminals only because they are easily influenced and the victims of environment. The responsibility is ours. We must not allow them to drift into idleness and crime. By providing proper supervision and occupation, we may be able to render them self-supporting, useful members of the community. (Mental Hygiene, April, 1921—E. B. Bigelow).

# The Journal

OF THE

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L. W. Toles ----- Lansing  
R. S. Buckland ----- Baraga

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July, 1921

### Editorials

#### PRESIDENT

WILLIAM J. KAY

1921-1922

The election of Dr. William J. Kay of Lapeer, as President of our Society for the coming year was without opposition and with spontaneous unanimity. This action records the esteem and respect with which he is held.

We are not indulging in a recitation of his pedigree, schooling, medical education, practice or civic relations. These are known to our members and need no repeating.

For fifteen years Dr. Kay has been a member of the Council, serving as Chairman for four years. The time and effort he expended in organizational activity has been dominated at all times by his sincere desire to be of service to his fellow practitioners. Selfish motives never governed him. His labors were all free from personal dominancy. He sought to achieve for the good of his fellow man and impregnated his every act with clear judgment, fairness and a constant eagerness to attain widespread progress, harmony and betterment. He never failed to obtain and always held the

confidence of his confreres. The respect of all men is his. We regretted when he announced that he desired to be relieved of his duties as Councilor. His election as President is the Society's expression of appreciation for all that he has done for it.

We are certain that during his term as President the Society will witness an exhibition of Dr. Kay's continued labors in the profession's behalf. There will be exhibited a spirit of constructive betterment. We assure him of a willingness on the part of our members to subscribe to his administration their loyal support. We are indeed honored in having Dr. Kay as our President.

#### PRESIDENT'S COMMITTEE APPOINTMENTS.

President Kay announces the following as his committee appointments for the ensuing year. Chairman and members thus appointed are requested to accept this announcement as personal notification and to convey their acceptance to the Secretary. President Kay also desires it to be understood that these are not alone honorary appointments. He rightly expects and feels that intensive effort should characterize the activities of these committees. Will the appointees cause the year's work to record that result?

#### REVISION OF CONSTITUTION AND BY-LAWS.

W. T. Dodge, Chairman ----- Big Rapids  
C. E. Boys ----- Kalamazoo  
F. C. Warnshuis ----- Grand Rapids

#### REGIONAL CLINICS.

E. L. Eggleston, Chairman ----- Battle Creek  
F. C. Warnshuis ----- Grand Rapids  
W. H. Marshall ----- Flint

#### PUBLIC HEALTH.

C. C. Slemons, Chairman ----- Grand Rapids  
D. J. O'Brien ----- Lapeer

#### LEGISLATION AND PUBLIC POLICY.

J. B. Kennedy, Chairman ----- Detroit  
J. H. Meyers ----- Saginaw  
G. L. LeFevre ----- Muskegon  
C. D. Munroe ----- Jackson  
W. K. West ----- Painesdale

#### VENEREAL PROPHYLAXIS.

Udo J. Wile, Chairman ----- Ann Arbor  
G. M. Byington ----- Lansing  
A. H. Rockwell ----- Kalamazoo

#### TUBERCULOSIS.

Herbert M. Rich, Chairman ----- Detroit  
E. B. Pierce ----- Howell  
H. J. Hartz ----- Detroit  
William Kerr ----- Bay City  
J. Hamilton Charters ----- Houghton  
William DeKleine ----- Flint  
Harlan MacMullen ----- Manistee



WILLIAM J. KAY  
President 1921-1922



## CIVIC AND INDUSTRIAL RELATION.

G. E. Frothingham, Chairman	Detroit
C. D. Munro	Jackson
R. H. Nichols	Holland
W. H. Sawyer	Hillsdale
J. D. Bruce	Saginaw
J. D. Riker	Pontiac
F. B. Walker	Detroit
C. D. Brooks	Detroit
Guy Johnson	Traverse City

## MEDICAL EDUCATION. -- -- --

Hugh Cabot	Ann Arbor
W. H. MacCracken	Detroit

## THE MICHIGAN PLAN OF MEDICAL TRAINING.

Anent the so-called plan for the Medical Department of our University as outlined by President Burton at the abbreviated conference (?) last January we impart the following comment and criticisms expressed during the Boston Session of the American Medical Association. President Work in his annual address stated:

*"That governments, through their teaching universities, may not justly, for a fee, attract patients for medical treatment. It is the function of a teaching college to train physicians, and scatter them for public use, and to instruct, develop and protect them as alumni in their several places.*

*The duty of a medical college to its graduates does not end with commencement day; and certainly it is no part of that duty to divert patients from the graduates whom it has sent out with its seal, approving their qualifications for similar service. Instead, its duty is to assist them further in qualifying for their work.*

*It cannot draw the sick to a common center for pay, in order to augment the salaries of its teachers, without breeding distrust, relieving citizens of their proper sense of responsibility to their neighbors, and incurring the just antagonism of its alumni.*

Dr. Bevan of Chicago, Chairman of the Council on Medical Education made the following statement:

*There is one important matter which in a way I hesitate to speak to you about. It is a matter that we have been considering more or less for the last ten years with a great deal of interest. I refer to the matter of outside interference with medical education, which I think must be very frankly put before you at this time with the request that definite action be taken later. I desire to refer to a disturbing influence which has been introduced into medical education in the last few years, and which has become in a way a menace to our progress along sound lines. I refer to the introduction of a scheme of organization of the*

*faculties of our medical colleges, which has been introduced by the great educational foundations, and by some of the state universities.*

*I shall refer especially to the plan of all-time clinical instruction. This plan did not originate in the medical profession. It originated outside the medical profession, and unfortunately it has been forced upon the situation largely by money. It is a subsidized plan which has been presented to universities with the statement that they would be given one or two millions of dollars or more, provided they would adopt the all-time clinical plan in their scheme of organization. To be sure, the originators of the plan have presented it as an experiment, but it has not been a fair experiment. A scientific experiment necessarily requires a control. There has been no control here. If, on the contrary, the great foundations would take three schools and give each of them two millions or five millions of dollars and put them on the all-time clinical plan, and another three schools of the same caliber and give each of them the same amount of money and allow them to develop under some plan which has been the outcome of the experience of medical educators the world over, the plan that one might refer to as the Trousseau plan, the Billroth plan, the Osler plan, a plan that has developed from the practical experience of medical educators, it would then be a fair experiment. So far the plan has been introduced at Johns Hopkins and Yale, at Washington University in St. Louis, and it has been adopted by the University of Chicago, and by Columbia University. I believe also the new university of Rochester contemplates adopting it, and the plan in a somewhat modified way has been adopted by some of the state universities, notably the University of Michigan.*

*This plan has not been a success. I do not hesitate to say that it has been a failure. It has not the support of the medical profession. I fail to find that it has anywhere the support of the great teachers of medicine, or the great teachers of surgery, or the great teachers of the medical and surgical specialties. The plan has been backed largely by men who are not medical men, and by men, who, if they are medical men, are connected with laboratories. It is a very expensive plan. Its cost is out of all proportion to the results that are obtained in medical education.*

*I think the time has arrived when we should plainly analyze this situation without any partisanship and attempt to find the best plan, and that best plan when found should be adopted by the medical profession. We should make it very clear to the outside agencies who are urging and subsidizing their special plans that the organized medical profession cannot adopt any plan of medical education that is not in keeping with the honor and dignity and best interest of the medical profession.*

*One weakness of the all-time clinical plan is the grotesque proposition that the all-time clinician in one of these schools is to accept fees from well-to-do patients and the rich, but that these fees are not to go to the individual who renders the service, but to the institution. This becomes in the hands of the great foundations, even though an experiment, a menace in this way; it has impressed the boards of trustees of universities who are not familiar with medical practice and with medical education as the plan to adopt merely because it is urged and endorsed by the great educational foundations.*

*It has been applied in a hybrid form recently in the University of Michigan with disastrous effects. The University of Michigan is planning to enter the field of medical practice. It contemplates building a hospital of 600 or 1200 beds, and putting salaried men at the heads of the clinical departments in the institution. These salaried men are to take care not only of the poor, but also of the well-to-do and rich. In other words, they are distinctly entering into competition with the medical men of the state. It is not in the best interests of medical education. The time has come when the medical profession should take a definite position and say that this plan is not sound, and that it is not logical; that it is not in the best interests of the medical profession and that it cannot be accepted.*

*You want to remember, Mr. Speaker and gentlemen of the House of Delegates, that medical education has made very great advances not because of any outside influence, but because of the work done by the medical men themselves.*

*I have no feeling against the agencies that have introduced this innovation, but I am loyal to the best interests of medical education and to the best interests of the medical profession itself. The time has come when we should frankly analyze the whole situation and attempt to find, independently of anything else, the soundest and the best plan of organization of our medical schools.*

*In the development of the medical education of the future, the great medical profession will be little influenced by subsidized plans urged by endowed propaganda from outside agencies, but will be controlled by the experience and advice of the great laboratory workers, the great clinicians, the great teachers who are on the firing line of medical progress and are in touch with the needs of medical education and medical practice."*

From the foregoing it becomes apparent that objection to the proposal of President Burton and certain faculty members is well founded.

We still maintain that the profession has a right to express its opinions and proffer its recommendations. They merit consideration and are entitled to more than passing atten-

tion. Those in charge at the University cannot, and must not, rudely and inconsiderately belittle or ignore the physicians of Michigan. We continue to urge a true conference and discussion, void of dictatorial attitude that will construct and institute a feasible plan. A determination to construct a policy that will create a spirit of harmony and united action. Will President Burton and the Dean invite and co-operate to that purpose?

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#### OUR ANNUAL MEETING.

Those in attendance, and there were over four hundred, have been enthusiastic in their praise of the entire programme of the annual meeting at Bay City. Ideal conditions prevailed and the hospitality of the profession of Bay City was most cordial. The work of the scientific sections was of high standard with discussions that were more than perfunctory remarks.

The House of Delegates expedited its work and formulated a very constructive programme which will enhance the interests of all our members. The reader is referred to the official minutes contained in this issue and is urged to carefully read that report.

We do not know of another meeting that accomplished the realization and expression of the need of co-ordinated action as has this annual session. There has been recorded a forceful sentiment and an earnest desire for a uniform expression of effort and the attainment of definite ends for the good of the public and the profession. Certainly a promising plan of activity has been inaugurated. It remains for each member to do his part, for then will its consummation be effectively achieved. The year bids well to be a most active one. This annual meeting will be its inspiration.

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#### BOSTON A. M. A. MEETING.

With 5461 doctors registered, splendid buildings for section meetings, genial hospitality on the part of the Boston profession, efficient work by the Association's officers and delegates who were seeking how best to solve the profession's problems—with these outstanding features the Annual Meeting of the American Medical Association was a most inspiring and profitable meeting. We would that we had the descriptive power to convey the inspiration that the meeting inspired. We have nothing but praise for every activity and the spirit that prevailed.

The election of Dr. De Schweinitz as Presi-

dent-elect bestowed merited honor upon a deserving scientist. The House of Delegates met in a dignified manner the questions that confronted that body. Its enactments will tend to best solve the profession's problems. The stand taken on State Medicine and its allied prostitutes is progressive and constructive. The plans formulated and activities advised for improvement in medical health and public education are met with general approval. The year's work of the several Councils revealed vast accomplishments. It was clearly evident that our National organization is indeed a constructive body.

Michigan's delegates were present at all the sessions of the House and were more than passive. A goodly number of Michigan physicians registered and participated in the scientific programme. The next annual meeting will be held in St. Louis.

### *Editorial Comments*

During our State Meeting the Lincoln Motor Car Co. of Detroit, generously placed two of their splendid cars at the service of President McLean.

We will publish in our next issue the complete roster of officers and committees. They are being omitted in this issue on account of a change that will be made in printers.

One hundred twelve Michigan members registered at the Boston A.M.A. meeting. This was a splendid showing. Michigan has always been well represented at the National Meeting.

The following editorials appeared in local papers. We are reprinting them for our members' information and as a record.

#### **A PLACE STILL FOR THE FAMILY DOCTOR.**

Dr. Angus McLean, speaking at Bay City, expressed the opinion that in a few years the general medical practitioner would be catalogued with the rarities.

We might have agreed with him a short time ago. But not now. There seem to be signs that specialization in medicine is compounding its own fatal draught. It has the effect of making its practitioners think that what they specialize upon is the one important department of the profession, all others insignificant. The common sense of patients revolts against the idea. Beyond the influence of the doctor's office, they remember that they have heads as well as livers and lights, stomachs in addition to joints, backbones that can acquire aches just as unpleasant as the troubles that take up squatter's rights in the lymphatic system.

The great merit of the old-fashioned family physician was that he maintained a fine sense of

proportion. He treated mumps and set broken legs. He prescribed for rheumatism and sat up all night with cases of diphtheria. He saw the human tenement as a whole and was not the least inclined to exaggerate the importance of the windows, the doorway and the plumbing to the exclusion of whatever else went to make up the edifice. The character of the work he performed prevented all that. And, as everybody must concede—doctors as well as laymen—the family physician commanded a position of high respect, love and loyalty.

A reaction is proceeding in business, engineering and other callings against undue concentration. It is recognized that such specialization, though it developed marvelous expertness, has made men one-sided. We cannot doubt that medicine will have the same experience.—Detroit Journal.

#### **McLEAN URGES DOCTORS TO COMBAT STATE MEDICINE.**

A widespread educational campaign conducted by physicians and surgeons to offset the insistent propaganda for compulsory insurance (state medicine) and the placing of the drugless-healing cults on a par with the licensed M.D. in the eyes of the law was recommended to the members of the Michigan State Medical Society at their annual convention in Bay City this week by Dr. Angus McLean, president of the society. Dr. McLean told of the efforts made by chiropractors and osteopaths at the regular session of the present legislature and how they were barely defeated and urged the society to name a committee to take charge of a state-wide defensive campaign. He predicted that the next regular legislative session would see the osteopaths and chiropractors out in full force and warned his hearers that the medical profession of Michigan must be better prepared to meet their attacks.

Despite the fact that more progress has been made in medical science in the last 30 years than in any similar period in the world's history, he said, there exists among millions of the population an antipathy toward the profession. He referred to recent statements that 40,000,000 persons in this country are believers in drugless healing and went on: "Should we not make a psychological dissection of the public mind to discover why there is more sympathy shown towards these cults than to scientific medicine? If it is that medicine and the practice thereof has changed in the last 25 years so that it does not appeal to a large portion of the laity, let us enquire and find why?"

One of the most important of Dr. McLean's suggestions was that a committee should be appointed to consider the question of fees. "Should we not have a committee on fees appointed from our own society, say a committee of seven? This committee should take this matter under consideration and establish an outline of fees that would regulate like charges made for medical services and establish a maximum fee under certain conditions."

The tendency toward specialization in the various fields of medicine and surgery, which has hit the old-time general practitioner and family physician a hard blow, was touched on by Dr. Mc-



Lean, who also presented figures compiled at a recent meeting of hospital and public health authorities in Chicago that showed that Michigan's supply of hospital beds, even in a year of general prosperity such as 1920, was more than adequate. He sharply denounced closed hospitals, such as the Ford Hospital, of Detroit, and the members of their staffs, saying of the latter: "They are more anxious to bring profit to their employer than honor to medicine. If this system of contract medicine is endorsed it will only be a short time until our large department stores have a medical department with two or three hired physicians, who will examine and treat all patients at a rate of say \$5 per head, the \$5, of course, going to the employer." Dr. McLean also declared that the system in vogue in the closed hospitals destroyed the much-desired personal relationship between doctor and patient. "The patient is simply known by a number, the doctor also," he said.—Detroit Saturday Night.

#### THE VANISHING GENERAL PRACTITIONER.

If the tendency toward excessive specialization which Dr. Angus McLean finds in the medical profession were a phenomenon peculiar to it, successful prescription would be more easy than it is. But this tendency is only one manifestation of a practically universal trend in America. Today even the day laborer specializes if he has a chance, to do so. The all around workman is becoming as rare as the family physician whose passing Dr. McLean justly mourns. Musicians, business men, lawyers, artists, actors, scientists, more and more are branching from the main highway into narrow paths. There are specialists even in religion.

Dr. McLean thinks that a large determinative influence in thinning the ranks of the general practitioners is the question of remuneration. As the doctor puts it, the family physician has become merely a "bird dog" for the specialist who gets the fat fees, and the medical student of the future will "seek to attain the maximum financial reward." Undoubtedly this is true in many cases. Physicians are only human beings, and it is not to be wondered at that they follow the example set them by the remainder of the members of their race.

Yet we are unwilling and unable to believe that the desertion of the field of family doctoring is wholly or even chiefly due to desire for money, because we know a great many physicians who are anything but sordid, and who are self-sacrificing and an honor to their profession. Some of these are specialists who have become such, not in order to grow rich, but because they have felt themselves peculiarly fitted to work expertly in a particular field. It is an exceedingly good good thing for humanity that they have felt this way. To the researches of specialists are due most of the biggest advances in medical science; and because of these advances thousands of people walk the streets in health who otherwise would be invalids or in their graves.

We cannot get away from the conviction that the larger reason for relative desertion of the field of general practice is the growing wideness of that field and the correspondingly sharp real-

ization among medical students that a thorough knowledge of all branches of modern medicine is practically unobtainable. Under such circumstances the average youth decides against a career which he fears will make him a jack of all branches and a guild master of none, so he lays his plans to specialize. Perhaps the only way to overcome the excessive swing toward specializing is to evolve in some way a specialization in general practice.

The chiropractors of Michigan recently held a meeting in Jackson. The alleged "father" and "high-priest" of the cult, from Davenport was present and is reported to have delivered an address on "selling yourself." The following are extracts of newspaper reports of the meeting:

"Give me the public press and the power of public opinion and you may write as many laws as you please upon the statute books."

"Launching of a public campaign in Michigan will bring the malice of the organized medical profession against you and that some of you may be arrested and jailed as was done in California. But, why should you or I fear arrest and jail if it is for a principle. Serious times are before us and the next five years will be the worst."—We may expect a chiropractic MacSwinney to rise up and attempt a hunger act.

A sum of \$2,500 was pledged for publicity with the National organization pledging a like amount.

The "Fountain Head" has still to learn that Michigan will cause their next five years to be filled with plenty of grief.

#### HIGHLAND PARK PHYSICIANS' CLUB.

Resolved:

That the Highland Park Physicians' Club, of Highland Park, Michigan, is emphatically opposed to "State Medicine" and to any scheme for "Health Centers," "Group Medicine" and "Diagnostic Clinics," either wholly or partly controlled, operated, or subsidized by the State or National Government; and that a copy of this resolution be presented to the delegates to the Michigan State Medical Society from the Wayne County Medical Society, and to the Secretary of the Michigan State Medical Society, and to each of the delegates to the American Medical Association from the Michigan State Medical Society.

### Correspondence

Editor of the Journal,  
Michigan State Medical Society,  
Grand Rapids, Mich.

I noticed in reading the Journal of June, 1921, a letter from E. M. Cunningham who states that a certain hospital refused to give X-ray plates to the patient.

In the first place the X-ray plates are the property of the physician or institution making them. The patient gets a medical opinion based upon the X-ray plates. In my opinion the hospital was quite correct in refusing to give the plates to the patient and the proper procedure should be as follows: The consulting physician

should ask the laboratory for permission to take the X-ray plates and the laboratory in turn will get permission from the physician who referred the case, or this permission may be obtained directly by the physician last consulted and the laboratory so informed at the time of making the request for the plates. This will seldom, if ever, be refused.

The diagnosis of the case in question was undoubtedly arrived at by the examination with the fleuroscope and by plates. For this reason the plates alone would probably be of but little value even in the most expert hands.

It is a well-known fact that the physician referring a case to an X-ray Laboratory expects that any plates made shall be kept on record for his inspection at any time and for this reason the laboratory is held responsible for them. As stated above they belong to the laboratory but are of no value to it except in cases that offer unusual scientific interest.

The natural tendency of the roentgenologist is to accommodate any patient as the average plate is useless to him, but he realizes the necessity of keeping it in his possession unless otherwise ordered by the physician referring the case.

As the doctor knows I have no connection with this case but this situation arises so frequently with all roentgenologists that I thought it worth while to attempt an explanation.

Yours very truly,  
V. M. Moore.

### Deaths

**Doctor B. R. Hoyt** was born in Walled Lake, Michigan, March 3, 1849, and died in Detroit May 19, 1921. He graduated from the University of Michigan in 1872 receiving the degree of Doctor of Medicine. He came to Detroit immediately after graduation and has practiced there ever since.

He was for many years a member of the Detroit Board of Education and at one time was its President. Mayor Maybury appointed him a member of the Parks and Boulevard Commission. The Doctor was a life long and enthusiastic Democrat, a 32nd Degree Mason and a member of the County and State Medical Societies.

He is survived by his widow, three daughters (Jeanette, Margaret and Mrs. Herbert Seymour), a brother (James), and a sister at Walled Lake.

**Doctor Howard W. Longyear** was born in Lansing, July 24, 1852 and died in Detroit, June 2, 1921. He was educated at the University of Michigan and Columbia University, receiving the degree of Doctor of Medicine from the latter institution in 1875. He continued his studies in Berlin and Vienna and spent some time with Lawson Tait of Birmingham, England.

On returning to Michigan, he became Medical Superintendent of Harper Hospital and remained there three years. In 1890 he gave up general practice and specialized in gynecology and abdominal surgery. He was Consulting Physician to the Woman's Hospital, Consulting Gynecologist to Providence Hospital and Consulting Sur-

geon to Harper Hospital. For four years he was a member of the Detroit Board of Health.

He was a member of the American Medical Association, the Michigan State Medical Society, the Wayne County Medical Society, American Surgical Society and the American Gynecological Society. He was also a member of the Detroit Club, the Detroit Country Club, the Grosse Pointe Riding and Hunt Club, the Old Club, and the Huron Mountain Club.

Doctor Longyear was married in 1880 to Miss Abbie Scott of Chicago. He is survived by his widow, two daughters (Mrs. T. A. McGraw, Jr., and Mrs. W. B. Palmer, Jr., both of Detroit), one brother (John M. Longyear of Marquette), and a sister (Miss Ida Longyear).

### State News Notes

#### COLLECTIONS.

Physicians Bills and Hospital Accounts collected anywhere in Michigan. H. C. VanAken, Lawyer, 309 Post Building, Battle Creek, Michigan. Rerefence any Bank in Battle Creek.

The Detroit College of Medicine and Surgery held its 53rd annual commencement exercises in Arcadia Hall, Detroit, June 17, 1921. The degree of Doctor of Medicine was conferred on 53 of its students. The invocation was offered by Rev. John McCarroll (M.D.) Canon of St. Paul's Cathedral. Colonel William L. Kellar, Army Medical School, Washington, D. C., spoke of the progress of surgery during recent years. Doctor W. H. MacCraken, Dean of the Faculty, presented the candidates for the degrees. The Hippocratic Oath was given the class by Doctor A. P. Biddle and Captain Joseph Stringham, President of the Board of Education, conferred the degrees. Doctor Channing Barrett of Chicago gave the young physicians some sound advice and Doctor J. B. Kennedy delivered the faculty message.

The following physicians were recently elected Directors of the Michigan Tuberculosis Association: Doctors E. B. Pierce, of Howell, W. E. Coates of Kalamazoo, H. J. Hartz of Detroit, E. R. Venderslice of Lansing, V. C. Vaughan of Ann Arbor, Herman Ostrander of Kalamazoo, J. H. Kellogg of Battle Creek, O. L. Ricker of Cadillac, C. H. Johnston of Grand Rapids, A. F. Fisher of Hancock, Arthur Holliday of Traverse City, A. S. Warthin of Ann Arbor, R. B. Harkness of Houghton, William DeKleine of Flint, C. C. Parnall of Ann Arbor, L. L. Hubbard of Houghton and C. L. Finch of Marquette.

The May 1921 number of the Harper Hospital Bulletin contains the names of the entire staff. Doctor E. W. Haass is Chief of the Department of Medicine; Doctor Max Ballin, Chief of the Department of Surgery; Doctor George Kamperman, Chief of the Department of Obstetrics and Gynecology; Doctor George E. Frothingham, Chief of the Department of Ophthalmology,

Octology and Rhino Laryngology; and Doctor P. M. Hickey, Chief of the Department of Pathology and Research.

The American Medico-Psychological Association held its annual meeting May 31 to June 3, 1921, in Boston. It changed its name to the American Psychiatric Association. The American Journal of Insanity will hereafter be the official organ and will be published under the name of the American Journal of Psychiatry. The following officers were elected: President, Doctor A. M. Barrett, of Ann Arbor; Vice-President, Doctor H. W. Mitchell, of Warren, Pa.; and Secretary-Treasurer, Doctor C. F. Haviland, of Middletown, Conn.

The Michigan State Board of Registration in Medicine held an examination in Ann Arbor, June 14, 15, 16, 1921. 153 applicants (143 from U. of M. and 10 from outside schools) took the primary examinations and 85 applicants (75 from U. of M. and 10 from outside schools) took the finals. The above record of applicants for license does not indicate that the higher requirements of preliminary education have affected the number of applicants qualifying for medical license. This is fully 100 per cent. greater than in former years.

Henry F. Vaughan, Health Commissioner, left Detroit June 2, 1921 for a three weeks' tour of the East during which he will inspect hospitals in Boston, New York, Philadelphia and Baltimore. On his return he will make his final recommendations for the new Municipal Hospital to the architect, Mr. Albert Kahn. It is hoped to break ground the latter part of this summer. It will take about 2 years to complete the hospital buildings. Doctors Francis Duffield and Hugo A. Freund, members of the Board, accompanied the Commissioner.

At a meeting of the Board of Regents of the University of Michigan, April 29, 1921, it was unanimously voted to request Dean Wilbert B. Hinsdale to continue his services to the Homeopathic Medical School for the year 1921-1922. The Dean had previously tendered his resignation and it had been accepted by the Board of Regents as the Doctor was very insistent that it be accepted. After prolonged consideration, however, the Board of Regents urgently requested Dean Hinsdale to continue for another year and much against his wishes, he generously acceded to the request.

At the annual meeting of the Michigan Association of Public Health, held in Bay City May 26, 1921, the following officers were elected: President, Doctor H. B. Neagle of Jackson; Vice-President, Doctor R. M. Olin, of Lansing; Secretary-Treasurer, Doctor F. M. Meader, of Detroit; Directors Doctors Guy L. Kiefer, of Detroit, Prof. W. C. Head of Ann Arbor, Doctor B. H. Bartlette of Lansing, Doctor J. A. Kehe of Bay City, and Doctor C. C. Young of Lansing; and member of Board of Directors, Doctor C. C. Slemons of Grand Rapids.

The 32nd annual clinic of the Alumni Association of the Detroit College of Medicine and Surgery was held June 13 to 17, 1921, in Detroit. June 13 the clinic was held at St. Mary's Hospital in charge of Doctor E. J. Panzer; June 14 at Harper Hospital in charge of Doctor H. W. Pierce; June 15 at Providence Hospital in charge of Doctor C. W. Husband; June 16 at Grace Hospital in charge of Doctor J. A. McGarvah; June 17 at the Receiving Hospital in charge of Doctor C. H. Oakman (morning) and at the Herman Hospital in charge of Doctor C. K. Sipe (afternoon). Buffet lunches were served by the staffs of the various hospitals.

The following officers were elected by the Michigan Hospital Association at its annual meeting in Ann Arbor, June 8, 1921: President, Doctor Merrill Wells, Supt. Blodgett Memorial Hospital of Grand Rapids; and Vice-Presidents, Miss Lydia Thompson of Saginaw, Miss Carrie L. Eggert of Detroit, and Miss Josephine Halverson of Port Huron.

Among the active pall bearers at the funeral of Doctor H. W. Longyear, June 4, 1921, were the following physicians: Doctor C. B. Burr of Flint, Doctors B. R. Shurly, W. R. Parker, and E. T. Tappey of Detroit. Doctors A. P. Biddle, Hugo Freund, R. W. Gillman, L. J. Hirsghman, P. M. Hickey, C. G. Jennings, A. F. Jennings, A. D. Holmes, George Kamperman, R. A. Newman, Delos Parker and Wadsworth Warren were honorary pall bearers.

A large oil painting of Doctor T. A. McGraw, former President of the Detroit College of Medicine and Surgery, was presented to the College by the Class of 1906, at a dinner at the Medical Bldg., June 15, 1921. Doctor A. W. Blain made the presentation address and Doctor Angus McLean accepted the picture in behalf of this institution.

Commander Wilson of the American Legion, Department of Michigan, announced the appointment of Doctor A. H. Garvin of Detroit, as a member of the Advisory Committee of the Roosevelt Community House, which is to be taken over by the Legion, November 1, 1921, for hospital purposes.

At the second annual meeting of the Michigan Association of Industrial Physicians and Surgeons, Bay City, May 24, 1921, the following officers were elected: President, Doctor F. C. Warnshuis; Vice-President Doctor Guy L. Kiefer; Secretary-Treasurer, Doctor G. C. Pemberthy; Directors, Doctors R. C. Stone and H. N. Torrey.

The students of the Detroit College of Medicine and Surgery during April and May were given four clinical lectures on Endocrinology by Doctor T. A. McGraw, Jr. The first lecture was on the histology; the second and third were given over to the presentation of cases of cretinism, myxedema, achondroplasia, hyper and hypo



pituitarism; and the fourth took up the question of treatment.

The Michigan Tuberculosis Association held its annual meeting, May 29, 1921, in Lansing. The following officers were elected: President, Doctor William DeKleine of Flint; First Vice-President, Doctor A. F. Fisher of Hancock; Second Vice-President, Doctor J. H. Kellogg, of Battle Creek; Treasurer, Doctor H. J. Hartz of Detroit; and Auditor, Doctor A. S. Warthin of Ann Arbor.

Doctor David L. Edsall, Dean of the Harvard Medical School, has announced the establishment of the degree of Doctor of Medical Science (M.S.D.) to designate men who have specialized in research work and laboratory development of medicine rather than the clinical branches.

Doctor John P. Bland of Adrian, tried for the second time on the charge of manslaughter in connection with the death of Katherine Smith of Round Lake, was acquitted by the Circuit Court Jury at Adrian, May 25, 1921. Doctor J. P. Kennedy of Detroit was medical counsel for the defense.

The First District Dental Society passed unanimously June 2, 1921 the following resolution: That a Committee of 3 be appointed to confer with the Legislative Committees of the Michigan State Medical Society, the Michigan Dental Society and the Michigan State Pharmaceutical Association.

The contract for the new Children's Hospital at Northville, to be built in connection with the City's Tuberculosis Sanitarium, was let June 2, 1921, to A. E. Wood & Co., for \$162,000 (the estimates were for \$240,000). The hospital will be a 100 bed one of the bungalow type, with a two story administration. It will be used chiefly for children with tuberculosis of the bone.

At the annual meeting of the Michigan Pharmaceutical Association, held in Detroit in June, a committee of three was appointed to confer with the Legislative Committee of the Michigan State Medical Society concerning a closer relationship between these societies on public welfare work.

At the annual meeting of the Detroit Medical Club, May 19, 1921, the following officers were elected: President, Doctor R. C. Jamieson; Vice-President, Doctor W. J. Stapleton; Secretary-Treasurer, C. S. Wilson; and Directors, Doctors Robert Beattie, T. A. McGraw, Jr., and A. S. DeWitt.

June 2, Dr. Hugh Cabot, Professor of Surgery at the University of Michigan, was appointed Dean of the Medical School. The present Dean, Doctor V. C. Vaughan, resigned several months ago after serving the University faithfully and well for 34 years.

The Detroit Academy of Medicine were entertained June 21, 1921 by Doctor and Mrs. W.

H. Morley at their home, "Red Lane Farm," West Bloomfield. Doctor T. A. McGraw, Jr., gave a paper with lantern-slide demonstration on "The Relation of the Endocrine Glands to Body Growth."

Doctor E. B. Forbes finished the bowling season at the Detroit Athletic Club with the best individual average (192). He was also a member of the team which won the senior championship of the Club. Doctor R. K. Johnson was a member of the junior championship team.

The Harbor Beach Hospital was opened for the reception of patients May 8, 1921. The hospital is equipped with every modern convenience. The Staff is under the management of Doctor Van Nuys (Superintendent). Harbor Beach Hospital is open to all physicians.

"Home Coming Week" will be an annual affair at the Mayo Clinic. The first one was held May 18, 19, 1921. All former associates and assistants are invited. Doctor J. W. Vaughan of Detroit read a paper at the first of these annual reunions.

The Staff of the science departments of the Detroit College of Medicine and Surgery gave laboratory demonstrations, followed by a luncheon, June 15, 1921, to the Alumni of the Detroit College of Medicine and Surgery.

Doctor F. R. Starkey, of Detroit, attended the American Medico-Psychological Association, held in Boston, May 31, to June 1, 1921 and the American Medical Association the following week.

Doctor C. W. Edmunds of Ann Arbor has resigned as Assistant Dean and Secretary of the Medical Department of the University of Michigan. He still retains his Professorship of Materia Medica and Pharmacology.

Mr. C. W. Toles of Lansing, son of Doctor L. W. Toles, was married June 10, 1921 to Mrs. Grace Stearns Forbush of Detroit. They will make their home in Marysville.

Doctor H. M. McCandliss, medical missionary at Hainan, China, spoke on "Are Medical Missions Needed Among the So-Called Backward Countries" at the First Presbyterian Church, Detroit, June 19, 1921.

Mercy Hospital, Bay City, which recently dedicated its new hospital, has been standardized according to those standards of the American College of Surgeons and the institution is now operating under the newly appointed staff.

Doctor and Mrs. Charles F. DuBois of Alma, announced the last of May the birth of a daughter, Dorothea Ann. Mrs. DuBois was formerly Miss Arline E. Hall, a nurse at Harper Hospital, Detroit.

The annual dinner of the Highland Park Medical Society was held at Detroit Golf Club, June 4, 1921. Doctor E. P. Mills was Toastmaster. The Doctors' wives were present.

Doctor and Mrs. J. D. Brook of Grandville, left the latter part of May to visit the Doctor's brother and his wife in Jersey City. From there Doctor Brook went to Boston and attended the meeting of the American Medical Association.

The Class of 1921 of the Detroit College of Medicine and Surgery lost two of its members since the first of January. Mr. R. B. Partridge died in February from appendicitis and Mr. A. J. Burr died in April from pneumonia.

Doctor R. E. Loucks of Detroit attended the official reception of Mme. Currie, given by the New York Academy of Science in New York City the middle of May.

The Michigan State Board of Registration in Medicine (six members and the Secretary) carefully re-inspected the Detroit College of Medicine and Surgery, May 19, 1921.

A Children's Open-Air Camp, housing 100 tubercular children, will be opened July 9, 1921, on the 900 acres of land owned by the City of Detroit, at Northville.

The Michigan State Convention of Veterans of Foreign Wars was held in Bay City, June 11, 1921. Doctor Clarence L. Candler of Detroit was elected Department Surgeon.

Doctor W. S. Shipp of Battle Creek spent the week preceding the State Meeting in trout fishing on the Black and Au Sable Rivers. Doctor R. D. Sleight of Battle Creek accompanied him.

Doctor J. Walter Vaughan of Detroit has been recently elected a member of the American Surgical Association. Doctors T. A. McGraw and Fred Murphy of Detroit are also members.

Doctor A. D. Holmes and family spent the early part of June in Boston. While there the Doctor attended the meeting of the American Medical Association.

Doctor W. J. Cassidy was elected Chairman and Doctor Roger Walker Secretary of the Surgical Section of the Wayne County Medical Society May 23, 1921.

Detroit has five tubercular dispensaries, 175 beds at the Detroit Tubercular Sanatorium, 205 beds at the Herman Kiefer Hospital, and 50 beds at Eloise.

June 14, 1921 the following classes of the Detroit College of Medicine and Surgery held reunions—1871, 1876, 1881, 1886, 1891, 1896, 1901, 1906, 1911 and 1916.

Announcement is made of the marriage of Dr. L. Fernald Foster, Secretary Bay County Society, and Miss Kathryn Mae Keller, of Philadelphia, Pa., Saturday, June 11.

Doctor and Mrs. B. R. Shurly opened their summer cottage at Grosse Isle, July 1, 1921.

Doctor and Mrs. Joseph A. Belanger of Grosse Pointe left the latter part of May for a five months' tour of the Pacific Coast.

Doctor W. F. Acker of Monroe lost his wife the latter part of May. She died suddenly from pneumonia.

Doctor and Mrs. Willard Hutchings of Detroit will spend the summer at Manchester-on-the-sea.

Doctor J. B. Kennedy was Chairman of the Committee having charge of the formal opening of the new Detroit Public Library, June 3, 1921.

Mrs. Robert Patterson of Ann Arbor, daughter of Doctor and Mrs. John H. Palin of Grand Rapids, died May 29, 1921.

The 46th annual meeting of the American Gynecological Society was held at Swampscott, Mass., June 2-4, 1921.

The Association for the Study of Internal Secretions held its 5th annual meeting in Boston June 6, 1921.

Doctor Seth Jones of Lansing was chosen Grand Warden by the Michigan Knight Templars June 2, 1921, at Lansing.

Doctor and Mrs. E. T. Tappey left Detroit June 25, 1921 for the Huron Mountain Club where they will spend the summer.

The Dental Bill which increases the number of members of the Board from 5 to 7, has passed both the House and the Senate.

The Detroit College of Medicine and Surgery conferred the degree of Doctor of Medicine on 53 men, June 17, 1921.

Doctor and Mrs. James A. McVeigh of Detroit left the early part of June on a motor trip to Boston, New York and Atlantic City.

The last of May the engagement of Miss Hazelle F. Haley of Chesaning to Doctor W. B. Harm, of Detroit was announced.

Mr. William A. Morse, father of Doctor Plin Morse of Detroit, died suddenly at his summer home, Otsego Lake, May 29, 1921.

A son, Malcolm Louis, was born June 8, 1921, to Doctor and Mrs. C. L. Tomsu, of Detroit.

Doctor Thomas, father of Doctor C. F. Thomas of Detroit, died May 22, 1921.

Dr. V. W. Bergstrom, Bay City, is still ill at his home.

Dr. M. Gallagher, Bay City, is quite seriously ill.

## COUNTY SOCIETY NEWS

It is the Editor's desire to have this department of the Journal contain the report of every meeting that is held by a Local Society. Secretaries are urged to send in these reports promptly

### BAY COUNTY.

The last regular meeting of the Bay County Medical Society before the summer recess was held Monday evening, June 6.

Routine business was transacted and the affairs of the recent State Meeting here were settled.

Dr. J. W. Gustin, the newly appointed Health Officer, spoke on the reorganization of the local Board of Health and we are looking forward to new things from this important department.

The Society offered its services to the local Boy Scouts in making physical examinations of the local 350 scouts.

Beginning in September the medical society will meet at noon-day luncheons instead of evenings.

In July the Society will hold a "Field Day and Barbecue" at the Bay Shore and hope to challenge the County Legal Society to a baseball game. We see the need of developing our social intercourse as well as the professional.

L. Fernald Foster, Secretary.

### BERRIEN COUNTY.

With the beginning of the year 1921 the Berrien County Medical Society has come to life with a bang. It did not function for a number of years on account of the war and other causes. However a very keen interest has been aroused and the year began with a business meeting at which Dr. J. F. Crofton, St. Joseph, was elected President; Dr. Robert Henderson, Niles, Vice-President; Dr. R. N. Dunnington, Benton Harbor, Secretary-Treasurer. A fine banquet followed and everybody felt that the Society must function.

Monthly meetings have been held since with interesting and instructive programs. The last meeting was held in Buchanan May 19. The meetings are preceded with a dinner at 6:30 and rotate about in different parts of the county. Dr. C. E. Boys, of Kalamazoo gave a very interesting and instructive paper and lantern slide demonstration of Intestinal Obstruction. Dr. E. M. Trewin, Buchanan, Modern treatment of Tuberculosis; Dr. Abby Henderson, Niles, Factors Which Influence Public Health. All the papers showed careful preparation and were well received.

### GENESEE COUNTY.

The clinical section of the Genesee County Medical Society met Thursday evening, May 12, Vice-President Wheelock in the chair. Dr. W. C. Reid of Goodrich reported two cases of Traumatic Perforation of the Intestine. The importance of early diagnosis and prompt treatment was emphasized. Dr. A. C. Blakely reported a case of "Rupture of the Uterus, in which he per-

formed a hysterectomy successfully. Dr. R. S. Morrish read a paper on Local Anesthesia. After a brief historical review, he discussed the advantages of this form of anesthesia and described the technic usually followed.

These clinical meetings have been well attended and have proved most interesting. No more meetings of this section will be held during the summer months but they will be resumed in the fall.

The Genesee County Medical Society met at noon luncheon Wednesday, May 18, President Orr presiding. A committee was appointed to invite the State Society to meet in Flint in 1922. Dr. Marshall spoke on the need of a Psychopathic clinic in Flint. It was decided that the Society sponsor a campaign to secure funds and a committee was appointed to direct the movement. Dr. Max Peete of Ann Arbor was introduced and spoke on "Neurological Surgery." He urged the importance of early surgery if even a suspicion of brain tumor existed. He discussed the use of air injections and X-ray in diagnosis and seemed to think the procedure was not devoid of danger. The value of therapeutic radiation after operation was pointed out. In trigeminal neuralgia he condemned alcohol injections, peripheral operations and ganglion operations. He spoke of the very satisfactory results he had obtained from cutting the sensory root, and stated that the mortality was not greater than from an appendectomy. He urged more decompressions in traumatic head cases, after shock had passed off. He gave many valuable suggestions for handling the acute edemas of the brain after trauma. For the fever he packed the patient in ice and gave about 7 ounces of saturated solution of salt by rectum. In some cases he had used a saturated Ringers Solution intravenously, 1 cc a minute for 25 cc. He cited many interesting cases of recoveries with these procedures. In hydrocephalus he was impressed with the value of small air injections and X-rays in order to make an early diagnosis. In spinal cord tumors and injuries he believed in earlier operations than have been common.

In cord cases he did not advise catheterization but allowed the bladder to overflow and an "automatic bladder to develop.

The Genesee County Medical Society met for noon luncheon at the Hotel Dresden on Wednesday, June 1, President Orr presiding. A report of the delegates to the Bay City meeting was presented and the plans for the future outlined, especially the legislative policies. A committee was appointed to make plans for our annual picnic. The President appointed the various committees to make arrangements for the State Society meeting here in 1922. The personnel of these com-



mittees assures a real reception at Flint next year. Dr. C. H. Chapell read a paper on "X-ray therapy of Infected Tonsils." He described the technic and indications. He gave his conclusions from the treatment of 23 cases.

W. H. Marshall, Secretary.

### INGHAM COUNTY.

Dr. R. L. Kahn Immunologist of the State Department of Health spoke on "Recent Views on the Interpretation of the Wassermann Reaction." After briefly explaining the theory and technic of the Wassermann reaction, he indicated the prevention of haemolyzed specimens as well as anticomplementary specimens. Blood drawn under sterile conditions and permitted to clot properly will usually keep in good condition for several days, although whenever possible, physicians are urged to send corpuscle free serum to the laboratory. Specimens are anti-complementary (are capable of absorbing large amounts of complement) usually because of bacterial contamination and therefore preventables.

As to the interpretation of the Wassermann reaction, a one (+) or even doubtful (±) positive reaction in the early primary stage of syphilis in the presence of clinical evidence, indicates specific treatment, in view of the fact that in this stage of syphilis the reaction is usually weak. It is only in the later primary stages that the Wassermann reaction becomes strongly positive. In the secondary stage the reaction is, as a rule 100 per cent. positive, while in tertiary syphilis, particularly in the late stage, as well as in latent syphilis, the reaction is in the neighborhood of 80 per cent. positive.

The designation of 4 plus is arbitrary. Some sera are as strongly positive as 40 or 50 plus, which explains why one occasionally obtains a 4 plus reaction, both before and after treatment, since these sera might be, let us say 30 plus before treatment and perhaps 12 plus after treatment. The Wassermann reaction usually becomes weaker after treatment in all cases, only in some not to a sufficient degree to render it below 4 plus.

With regards to the interpretation of a positive Wassermann reaction there are two schools: The Wile school which lays greatest stress on the clinical condition of the patient, insisting that a positive reaction indicates that one has or has had syphilis, and the other school, to which perhaps the majority of syphilologists belong, which claims that a positive Wassermann reaction indicates the presence of syphilis.

One occasionally obtains a 4 plus Wassermann reaction without any clinical evidence or history of syphilis. If every other condition which might give a positive Wassermann reaction is eliminated, (typhus fever, febrile stage of malaria, leprosy, etc.) and the reaction is repeatedly positive, it should be taken as a symptom of syphilis. Weak reactions in the total absence of clinical symptoms, is not to be taken as evidence of syphilis.

As to the Wassermann test in the newborn, the speaker did not feel certain that a negative reaction proved the absence of syphilitic infection in all cases. The fact that an infant lacks clinical

evidence of syphilis at birth undoubtedly indicates a latent infection on the part of the mother. The Wassermann reaction, therefore, would probably not be positive in every case.

Dr. Kahn touched upon practically every phase of the interpretation of the Wassermann reaction and with the interesting discussion which followed, it proved to be an altogether profitable meeting.

Dr. L. W. Toles read a paper on "Focal Infections with Special Reference to the Teeth." The Doctor stated it to be his opinion that all devitalized teeth are infected sooner or later, and that some teeth may be infected and yet the X-ray plates be negative. In addition to systematic infections from teeth, he also emphasized the necessity of giving attention to pyorrhoëa and the tonsils. He believed the tonsils to be foci of infection in children more frequently than in adults, and teeth more frequently in adults. He contended that all abscessed and necrosed teeth should be treated by removal or amputation of apex.

Ten cases were reported giving a variety of general conditions which were promptly relieved by extraction of teeth, in most cases crowned teeth. The conclusions were that infected teeth are the cause of many cases of invalidism and deaths, that devitalized teeth became infected sooner or later, that roots should not be devitalized for crown or bridge work, that it is impossible to treat abscessed teeth safely except by amputation of apex or removal.

The necessity for co-operation between the medical and dental profession was emphasized. The discussion was led by Dr. Rickert of University of Michigan Dental College. He reviewed the research work of the last few decades which has had so important a bearing on modern dentistry. He emphasized the fact that so much of the literature was not well founded, and attributed it to the fact that too many office desk dreamers have got by as research workers. The dental profession is divided into two schools, the East holding that all pulpless teeth are not infected while the West holds that all are infected. In Michigan the dental profession is not extreme progressive, nor extreme conservative. He holds that had the dental profession used good technic many of the present conditions would not have existed. In the past pulp removal seemed easy but the results were not seen in a few weeks or months. He has cultured hundreds of pulpless teeth and found them sterile. Negative cultures are difficult because contamination is easy. One case of pulp removal in 1889 with no infection yet was cited. This was attributed to good technic. High tribute was paid to Dr. Rosenau for his epochal work on Focal Infections. He praised the excellent co-operation between the Medical and Dental profession in Michigan and stated that patients' best interest would be served by physicians referring patients to dentists for examination and advice, and not with orders for extractions. Dentists are better prepared to X-ray teeth and interpret. Likewise dentists should frequently refer patients to physicians for examination and advice relative to general conditions. As a result of difference of opinion be-

tween members of the two professions, each will eventually know "Who's who" in the other profession and better results will be obtained.

Dr. M. L. Holm stated that Focus of Infection was not always necessary, that blood frequently found to show bacteria in the absence of any focus. He stated that we had passed through the antiseptic and aseptic epochs, and now are entering upon the study of specific immunities, which is of greater import than the presence of infection.

Dr. Miller of the Department of Experimental Medicine of Parke Davis and Co. gave a very interesting illustrated lecture on vitamins, and stated that he believed the facts gained from this study to be one of the greatest recent advances in Medical Science.

Dr. W. L. Deacon, Epidemiologist of the State Department of Health spoke on Public Health Legislation and explained the following bills which the Department was interested in having enacted.

1. County Health Officers bill.
2. Bill to provide for the manufacture and free distribution of diphtheria antitoxin by the State.
3. Transfer of Vital Statistics Department from the Secretary of State to Department of Health.

Milton Shaw, Secretary.

#### SAGINAW COUNTY.

Final arrangements have been made for the organization of Saginaw's Central Laboratory. It is felt that adequate local laboratory service will be of great benefit to both the hospitals and the profession.

In each hospital there will be a clinical laboratory in charge of a nurse technician who has been trained by the central laboratory director. The hospital laboratory will be responsible for routine blood and urine examinations on all patients entered. Quantitative determinations and the more detailed work will be done in the Central Laboratory.

The evening of May 10 was given over to the consideration of the possibilities and limitations of laboratory work as applied to practical medicine. The subject was very well presented by Dr. Mark Marshall of Ann Arbor and Dr. Paul Wooley of Detroit. The point was made that the laboratory does not make diagnoses, being only one part of a complete physical examination, it only points out the way.

Dr. Carney of Alma was with us and showed films of two cases of diverticulitis which he had been able to demonstrate following the methods outlined by Dr. Monohan in his recent lecture here.

The Tuberculosis Society held its spring clinic May 12 and 13. Drs. Marshall, DeKleine, and Jones of Flint, and Dr. McClurg of Bay City were in charge. Local men assisted as they were needed. A total of ninety cases was examined.

The County Medical Society took an active part in the observance of National Hospital Day. A definite campaign was outlined which we hope

will have some effect in attracting young women to the nursing field.

#### WASHTENAW COUNTY.

The regular meeting of the Washtenaw County Medical Society was held at the Barton Hills Club June 16, 1921.

Dinner was served at 6:30 p. m. The meeting was then called to order by Dr. Howard H. Cummings, President.

Dr. Peterson reported on the death of Dr. C. B. G. de Nancrede, paying a glowing tribute to the valuable and distinguished services of this great surgeon. It was voted that this report be filed in the archives of this society and a copy sent to the widow of the deceased.

On motion a committee of three was appointed to take steps to secure a memorial portrait of Dr. deNancrede to be placed in the faculty room of the Medical Building at Ann Arbor.

Dr. Udo J. Wile then made a very complete report as delegate to the recent meeting of the Michigan State Medical Society, at Bay City.

Dr. Louis Daniels was elected to membership.

Dr. Dean Loree gave a very interesting report of a case of "Extrophy of the Bladder with Transplantation of the Ureter." Discussion of this report was thoroughly gone into by Dr. Peterson. Discussion closed by Dr. Loree.

Dr. Albert D. Wickett then took up the subject of Vaccine treatment of Hay-fever and Asthma. We are greatly indebted to the work of Dr. Wickett for what he has been able to accomplish in the brief time at which he has been working with this new treatment toward the relief of Hay-fever and Asthma sufferers.

Dr. Wile opened a discussion of this paper. He was followed by Dr. Barlow, of the Mayo Clinic who gave the society some very interesting data along the line of vaccine treatment in general. Drs. Fuerstenburg and Conrad George, Jr. and also Drs. Cummings and Morrill, took part in the discussion.

Dr. Udo J. Wile, Dr. Fred R. Waldron and Dr. Dean Loree were appointed a committee to secure the Memorial Portrait of Dr. deNancrede.

Meeting adjourned. Forty-three members were present at this our last meeting of the season.

John A. Wessinger, Secretary.

#### Book Reviews

**OPERATIVE SURGERY:** John J. McGrath, M.D., F.A.C.S., Professor of Surgery, Fordham University. Sixth revised edition. 863 Pages, 369 Illustrations. Cloth, Price \$8.00. F. A. Davis Co., Publishers.

This text book for a number of years has met with favorable reception by the profession and is now presented in its sixth edition thoroughly revised and up to date. It maintains all its previous merit for existence and added thereto we find that it is complete in almost every detail in relation to the recent advancements and our present day principles of surgery.